Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long Term Care Inspection Branch

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: December 14, 2022	
Inspection Number: 2022-1599-0001	
Inspection Type: Critical Incident System	
Licensee: The Regional Municipality of Niagara	
Long Term Care Home and City: Douglas H. Rapelje Lodge, Welland	
Lead Inspector Tracey Delisle (741863)	**Inspector Digital Signature**
Additional Inspector(s) Angela Finlay (705243)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 15, 16, 18, 21 - 25, 28, 2022

The following intake(s) were inspected:
1. Intake: #00002203- [CI: M604-000009-22] medication incident.
2. Intake: #00003366- [CI: M604-000006-21] resident to resident abuse.
3. Intake: #00003615- [CI: M604-000002-22] resident to resident abuse.

The following **Inspection Protocols** were used during this inspection:

Prevention of Abuse and Neglect
Infection Prevention and Control
Medication Management
Responsive Behaviours

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O.Reg. 246/22, s. 102 (2) (b)

Infection, Prevention and Control Program

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with respect to IPAC, specially as it relates to the IPAC Standard-Additional Requirement 9.1 for Additional Precautions shall include (e) Point of care signage indicating that enhanced IPAC control measures are in place

On November 15, 2022, it was observed that the signage for contact precautions was not posted outside of rooms where required.

During an inspection on November 16, 2022, the staff confirmed that there should be signage outside the identified rooms and stated they did not know why the signage was missing.

This same date it was observed that the signage for contact precautions was immediately posted outside all identified rooms.

Sources: IPAC Standards, (last revised April 2022); Additional Requirement 9.1 for Additional Precautions: At a minimum, additional precautions shall include e) point of care signage indicating that enhanced IPAC control measures are in place. [741863]

Date Remedy Implemented: November 16, 2022.

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 20 (1)

The licensee has failed to ensure that their policy to promote zero tolerance of abuse and neglect of residents was complied with.

Rationale and Summary
A) The home's abuse policy titled, "Abuse and Neglect- Zero Tolerance" stated that for any suspected, alleged, or witnessed incident of abuse that appropriate action be taken in response to every incident and the Registered Staff would perform a complete assessment of the resident and document the assessment findings in the resident's progress notes.

Staff and administration, indicated that the complete assessment required as per the home's policy included a head-to-toe assessment to assess whether or not the resident had acquired any injuries.

It was documented by staff that a resident to resident altercation had taken place. During an interview with staff, they confirmed that the resident was assessed however it was not documented.

There was no documented evidence of any physical assessment findings as required by the home's abuse policy.

B) The home's abuse policy also stated that all incidents of abuse or neglect would be fully investigated and results of the investigation would be reported immediately to the resident, the resident's SDM and/or person specified by the resident (designate) immediately upon completion of the investigation.

The Administration staff completed an investigation into the incident between the two residents but was unable to provide any documentation of this investigation.

Sources: Resident clinical records; the home's abuse policy titled, "Abuse and Neglect- Zero Tolerance"; and interviews with staff and administration. [705243]

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (9) 1.

The licensee failed to ensure that the provision of care as set out in the plan of care for two residents was documented.

Rationale and Summary

There was an altercation between two residents which resulted in a fall. An observation monitoring tool was initiated in response to the incident and was intended to be completed every half hour for five days after the incident.

Staff failed to document the provision of this monitoring for both residents on a day during the observation period between a specific time frame.

Failing to document observed behaviours as intended may have limited staff's ability to determine appropriate triggers and interventions to manage the residents' behaviours.

Sources: Residents' clinical records; the home's policy titled, "Responsive Behaviours Program"; interviews with staff. [705243]

WRITTEN NOTIFICATION: Binding on licensees

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)

The Licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out the Minister's Directive.

In accordance with the Minister's Directive the Licensee was required to ensure that (B) (C) (D) of the Directive were adhered to.

Rationale and Summary

The Minister's Directive states the use of an identified medication needs be reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the medication, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider.

It was documented in the progress notes that a resident was administered a medication. There was no

documentation that the Power of Attorney (POA) was notified, and the administration staff confirmed that this step was not documented.

The Minister's Directive also states where a resident has been taken to a hospital shall ensure that the resident's substitute decision-maker, if any, or any person designated by the substitute decision-maker and any other person designated by the resident are promptly notified in accordance with any instructions provided by the person or persons who are to be so notified.

It was documented in the progress notes that a resident experienced an incident that resulted in a transfer to hospital. There was no documentation that the POA was notified, and the administration staff confirmed that this step was not adhered to as per the Minister's Directive.

On all occasions where a medication was administered to the resident and where a resident was transferred to the hospital, there was no documentation, review, and analysis as it relates to Minister's Directive and there was no evidence of a quarterly evaluation or an annual evaluation in its entirety as set out in the Minister's Directive.

The Licensee did not have any documented evidence to show their compliance with keeping records, reviewing, analyzing, and evaluating the use of a specific medication for a resident that did or did not result in transfer to hospital as defined in the Minister's Directive, homes policy and the Pharmacy's policy.

Sources: Minister's Directive (Updated April 11, 2022), resident clinic records, home's policy (last reviewed May 07, 2022), Pharmacy Policy titled "Reporting Medication Incidents" Policy #7.3 (last updated April 2022), Professional Advisory Committee (PAC) meeting minutes (August 17, 2022), Pharmacy Medication Incident Analysis, Interview with staff. [741863]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (7) 11.

Infection, Prevention, and Control Program

According to O. Reg. 246/22 sec. 102 (7) The licensee shall ensure that the infection, prevention, and control lead designated under subsection (5) carries out the following responsibilities in the home:
11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene

agents at point-of-care. The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 10 Additional Requirements indicates in 10.4 (h) Support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting should be performed.

Rationale and Summary

During the on-site inspection 15 residents were observed entering the dining room and none of them were assisted to performed hand hygiene upon entering the dining room or before their lunch meal.

A resident confirmed that the support for hand hygiene is not performed before meals and the staff confirmed that hand hygiene must be performed for all residents prior to receiving meals.

The home's Infection Prevention and Control Policy specifically for Hand Hygiene dated 04/08/22 (m/d/y) was reviewed and noted to support hand hygiene for residents prior to meals. In the policy it indicates when to use hand hygiene, including before and after eating and drinking (including resident's).

Sources: IPAC Standards, Home's Infection Prevention and Control Policy titled: "Hand Hygiene" Policy # IC04-002 (last revised August 04, 2022); Infection Control Training Document; dining room observation; interview with resident and staff. [741863]