

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: May 21, 2024
Original Report Issue Date: April 29, 2024
Inspection Number: 2024-1599-0001 (A1)
Inspection Type: Complaint Critical Incident
Licensee: The Regional Municipality of Niagara
Long Term Care Home and City: Douglas H. Rapelje Lodge, Welland

AMENDED INSPECTION SUMMARY

This report has been amended to: NC #004 was rescinded after additional review and consultation.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 11-12, April 15-19, and April 23, 2024
The inspection occurred offsite on the following date(s): April 17, 2024

The following intake(s) were inspected:

- Intake: #00111052 for a Complaint related to concerns with resident care support services, nursing, and hospitalizations.
- Intake: #00109119 for a Critical Incident (CI) #M604-000001-24 related to resident to resident physical abuse.

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- Intake: #00109994 for a CI #M604-000002-24 related to infection prevention and control.
- Intake: #00102650 for a CI #M604-000028-23/M604-000029-23 related to falls prevention and management.
- The following intake(s) were completed with this inspection:
 - Intake: #00096172 - CI #M604-000018-23; Intake: #00105254 - CI #M604-000031-23 were related to infection prevention and control.
 - Intake: #00112346 - CI #M604-000004-24 related to falls prevention and management.

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Prevention of Abuse and Neglect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse by another resident.

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In accordance with Ontario Regulations (O. Reg.) 246/22 s. 2 (1) defines physical abuse under (c) as the use of physical force by a resident that causes physical injury to another resident.

Rationale and Summary

On a specified date, a resident and another resident had a physical altercation. One resident sustained specified injuries. The Director of Resident Care (DRC) acknowledged that the incident between the residents met the home's definition of physical abuse.

Failure to protect a resident from physical abuse by another resident resulted in a physical injury.

Sources: Clinical records of two residents, CI, investigation notes, Abuse and Neglect-Zero Tolerance Policy, and interviews with the DRC and staff. [740765]

WRITTEN NOTIFICATION: General Requirements for Programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the continence care and bowel management program including assessments and reassessments were documented.

In accordance with O. Reg. 246/22, s. 11 (1) (b) the licensee was required to ensure the home's Continence Care and Bowel Management Policy was fully implemented

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and complied with. Specifically, registered staff were required to document a specified progress note at least every shift.

Rationale and Summary

A resident had a specified device in place for their continence plan of care. As per the home's Continence Care and Bowel Management Policy, under procedures for residents with the specified device, the registered staff were required to document at least every shift specified details of the device and the resident's condition. The DRC acknowledged that the resident's clinical records did not have specified progress notes at least every shift and that registered staff did not follow the policy.

Failure to document a resident's assessments and reassessments under the continence care program may have resulted in not identifying interventions that required implementation.

Sources: A resident's clinical records, Continence Care and Bowel Management Policy, and interview with the DRC. [740765]

WRITTEN NOTIFICATION: Responsive Behaviours

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident's monitoring of their behaviours

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using the home's Dementia Observation System (DOS) was fully documented.

Rationale and Summary

A resident was initiated on DOS monitoring on a specified date. Upon review, the resident's DOS data collection sheet from specified dates had incomplete documentation on multiple shifts and times. A registered staff acknowledged the resident's DOS data collection had incomplete documentation.

Failure to complete the DOS data collection sheet of behavioural monitoring posed a risk of a resident's potential responsive behaviours or changes in conditions that may have required follow-up, not being identified.

Sources: A resident's clinical records and interview with staff. [740765]

(A1)

The following non-compliance(s) has been amended: NC #004

WRITTEN NOTIFICATION: Altercations and Other Interactions

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

Rationale and Summary

The home's IPAC program included preventative measures in the assessments and management of residents with a specified infection. As per the home's IPAC specified policy, staff were to obtain specified cultures for residents with a specified device that indicated at least one of the following clinical signs and symptoms of a specified infection that included:

1. Fever $>37.9^{\circ}\text{C}$ or 1.5°C above baseline.
2. Rigors.
3. New onset hypotension with no alternate site of infection.
4. Acute change in mental status or acute functional decline, with no alternate site of infection.
5. New onset suprapubic pain or costovertebral angle pain or tenderness.
6. Purulent discharge from around the specified device or acute pain, swelling or tenderness of the testes, epididymis or prostate.

Moreover, a specified assessment on Point Click Care (PCC) was to be completed when a resident exhibited a sign or symptom.

On a specified date, a resident exhibited two of the listed symptoms. Their clinical records did not indicate that a specified culture order was obtained or sent. There

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was no specified assessment on PCC completed when the resident exhibited signs and symptoms. The DRC acknowledged that staff did not follow the protocol.

Sources: A resident's clinical records, IPAC specified policy, and interview with the DRC. [740765]

WRITTEN NOTIFICATION: Resident Records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

. 274. Every licensee of a long-term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.

The licensee has failed to ensure that a resident's records were kept up to date at all times.

Rationale and Summary

On a specified date, a resident experienced changes in their health condition and was reported to registered staff. The Point of Care (POC) records of the resident did not indicate they had a change of health condition. A staff member and the DRC both acknowledged that the observations and assessments of changes in health conditions reported by direct care staff should be documented in POC.

Failure to ensure that a resident's POC records were up to date posed a risk to staff not being updated of resident observations, assessments, and the provisions of care provided.

Sources: A resident's clinical records and interviews with staff. [740765]