Ontario

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

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

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Original Public Report

Report Issue Date: October 16, 2024
Inspection Number: 2024-1541-0004
Inspection Type: Critical Incident
Licensee: Corporation of the County of Dufferin
Long Term Care Home and City: Dufferin Oaks, Shelburne

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 7-11, 2024

The following intake(s) were inspected:

Intake: #00121538, related to Infection Prevention and Control (IPAC).
Intake: #00126224, related to abuse and responsive behaviours.
Intake: #00126721, related to falls prevention and management.

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Pain Management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired.

The licensee failed to comply with their pain management program for a resident.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that the home's pain management program policy related to the communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired, is complied with.

Rationale and Summary

The home's pain management program policy indicated that the registered nursing staff will conduct a pain assessment when there is a significant change or pain is not relieved by initial interventions.

The home submitted a Critical Incident (CI) report related to a resident's unwitnessed fall.
The registered nursing staff did not conduct a pain assessment when the resident experienced pain and a significant change.

By not conducting a pain assessment, the resident's pain was not managed appropriately.

Sources: The home's pain management program policy, resident's clinical health records, CI report; Interviews with the Associate Director of Care (ADOC), and other staff.

WRITTEN NOTIFICATION: Responsive behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and

The licensee has failed to ensure that strategies were implemented to respond to responsive behaviours demonstrated by a resident.

Rationale and Summary

A resident with responsive behaviour that lead to an altercation between them and another resident.

No new interventions were noted in the resident's care plan after the altercation.

Progress notes and observations done by the Long-term Care homes (LTCH) Inspector indicated that the resident continued to have the same responsive

behaviours.

By failing to develop and implement the strategies to respond to the resident responsive behaviours, put the resident at risk of harm.

Sources: clinical health records, observations, CI report, interviews with clinical lead and other staff members.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that the standard issued by the Director with respect to IPAC, was implemented.

Rationale and Summary

A) The IPAC Standard for LTCHs, revised in September 2023, section 5.3 (h), indicates that the licensee shall ensure that the policies and procedures for the IPAC program include policies and procedures for the implementation of Routine Practices and Additional Precautions including but not limited to cleaning and disinfection.

During an observation, a mechanical lift that was used for a resident's care, was not cleaned and disinfected by the PSWs after use.

The Registered Practical Nurse (RPN) stated that the lifts were to be cleaned and disinfected after each use with the oxivir wipes attached to the lift.

Sources: Th home's cleaning nursing care equipment policy, cleaning chart & procedure for nursing & housekeeping; Inspector's observation; Interviews with the IPAC Lead, and other staff.

B) The IPAC Standard for LTCHs, revised in September 2023, section 9.1, indicates that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include: f) Additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal, and disposal.

The home's donning and removal of PPE policy indicated the recommended steps for removing PPE.

During observations, four PSWs did not adhere to the recommended steps for removing PPE as per the home's PPE policy.

By not adhering to the home's IPAC policies and procedures there was an increased risk for the spread of infectious microorganisms amongst the residents and staff members.

Sources: The home's donning and removal of PPE policy; Inspector's observations; Interviews with the IPAC Lead, and other staff.