

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: October 30, 2024

Inspection Number: 2024-1179-0004

Inspection Type:  
Proactive Compliance Inspection

Licensee: Rural Healthcare Innovations Inc.

Long Term Care Home and City: Dundas Manor Nursing Home, Winchester

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 8, 9, 10, 11, 15, 16, 17, 18, 21, and 22, 2024

The following intake(s) were inspected:

- Intake: #00128548 - PCI

The following Inspection Protocols were used during this inspection:

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Medication Management
- Safe and Secure Home
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Quality Improvement
- Staffing, Training and Care Standards

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Residents' Rights and Choices  
Pain Management

## 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)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for two residents set out clear directions to staff and others who provided direct care to the residents related to interventions that had been taken from the home's intervention library and added to the residents' written plan of care. The interventions had not been made specific to the residents' care needs nor had they been implemented by staff.

Source: residents' electronic health record, residents' printed care plan, and Interviews with staff.

On October 22, 2024, copies of the two residents' written plan of care were

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presented to the inspector who noted that the plans had been revised, the nonspecific interventions were removed and the written plans of care were updated to include specific interventions that had been implemented for each resident in their plan of care.

Date Remedy Implemented: October 22, 2024.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's written plan of care was reviewed and revised when the resident's care needs changed and care set out in the plan, for the resident to be trialing a specific device, was no longer needed as the trial was completed and the resident did not require the use of the device.

Source: inspector's observation, interview with the resident, resident's electronic and paper health record, and Interview with staff.

On October 22, 2024, in a review of the resident's written plan of care, the inspector noted the intervention for the device had been discontinued and removed from the resident's written plan of care.

Date Remedy Implemented: October 22, 2024.

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NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that all written policies implemented, as part of the maintenance program, were updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The Natural Disasters & Extreme Weather Events' policy revised June 2022, and Electrical Power Contingency's policy revised in 2022 were not updated when the home's Annual Emergency Plan Attestation was signed on August 10, 2023, or during the home's Emergency Preparedness Meeting on June 6, 2024.

Sources: Review of policies Natural Disasters & Extreme Weather Events revised June 2022, and Electrical Power Contingency revised in 2022.

The staff provided updated written policies titled Natural Disasters & Extreme Weather Events and Electrical Power Contingency, both policies were revised on October 21, 2024, as part of the maintenance program.

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Sources: Review Emergency Preparedness Meeting minutes, policies Natural Disasters & Extreme Weather Events revised October 21, 2024, and Electrical Power Contingency revised October 21, 2024.

Date Remedy Implemented: October 22, 2024

## WRITTEN NOTIFICATION: Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,  
(d) respiratory etiquette;

The licensee has failed to ensure the training for two staff on infection prevention and control contained education in the area of respiratory etiquette. The (Infection Prevention and Control (IPAC) lead verified the education had not been completed and a review of the staff members education report confirmed the same.

Source: Education Biohazardous Waste and Respiratory Etiquette attendance, Respiratory etiquette education, Staff Education titled: 2023 Annual education Package for Dundas Manor - Fixing Long-Term Care Act 2021 and interview with staff.

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## WRITTEN NOTIFICATION: Orientation

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

Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes, (h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure the training for tow staff on infection prevention and control contained education on the handling and disposing of biological and clinical waste including used personal protective equipment. The (Infection Prevention and Control (IPAC) lead verified the education had not been completed and a review of the staff members' education report confirmed the same.

Source: Education Biohazardous Waste and Respiratory Etiquette attendance, Biohazardous Waste education, Staff Education titled: 2023 Annual education Package for Dundas Manor - Fixing Long-Term Care Act 2021 and interview with IPAC Lead.

## WRITTEN NOTIFICATION: Residents' Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

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### Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee has failed to protect the residents' Right to have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

A resident stated that from their bedroom, they could heard staff sharing residents' care information during shift change . On a specific date in October 2024, two inspectors observed the shift change being held outside both nursing stations one and two, and more than four residents were present. During the shift change, staff were given direction related to the care needs of the residents assigned to them.

Sources: Inspectors' observation. and Interviews with resident.

## WRITTEN NOTIFICATION: Plan of Care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

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#### Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

1) The licensee has failed to ensure that a resident's plan of care was reviewed and revised at any other time when the resident's care set out in the plan was no longer necessary.

During a specific meal, required to meet the residents' needs, on two dates in October, a resident was served a regular portion of meal. The resident's plan of care directed staff to provide a small portion of meal with a double portion of vegetable due to high body weight. Two staff members indicated that the resident became upset if a small portion or a double portion of vegetables was provided.

Sources: Inspector's observation. Review of the resident plan of care. Interview with staff members.

2) The licensee has failed to ensure that a resident's plan of care was reviewed and revised at any other time when, the resident's care needs change or care set out in the plan was no longer necessary.

During a specific meal required to meet the residents' needs, on a specific date in October 2024, a resident was observed to be assisted with feeding. The resident's plan of care directed staff to provide adaptive equipment. The Meal Service report directed staff to provide meal using a specific adaptive equipment as the resident had better intake.



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Sources: Inspector's observation. Resident's plan of care and Meal Service Report.  
Interview with staff members.

## WRITTEN NOTIFICATION: Accommodation services

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,  
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the food production area and equipment were kept clean and sanitary.

In October 2024, during lunch meal service the following floor and equipment in the main kitchen were noted with accumulated black dirt. Specifically, the food cart, the ice machine, the steam stable, the door of the walk-in refrigerator, the floor around the stove/range and under the stainless steel table counter were noted unclean. The last time the equipment and floors were cleaned could not be confirmed.

Sources: Inspector's observation. Review of Cleaning Schedule. Interview with staff.

## WRITTEN NOTIFICATION: Air Temperature

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

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s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured under subsection (2) was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The air temperature record from September 15, 2024 to October 5, 2024, showed missing documentation during 27 shifts.

Sources: Air Temperature Record, Interview with the staff.

## WRITTEN NOTIFICATION: General requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

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1) The licensee has failed to ensure, that upon completion of the annual pain program evaluation, the written record that was kept included the date of the evaluation and the date that the changes made to the program were implemented.

Source: Dundas Manor LTCHA Required Interdisciplinary Program Evaluation, Pain Management and interview with staff.

2) The licensee has failed to ensure that the written record kept, relating to the annual skin and wound care program evaluation, included the date of the evaluation and the date that the changes made to the program were implemented.

Source: Dundas Manor LTCHA Required Interdisciplinary Program Evaluation, Skin and Wound and interview with staff.

## WRITTEN NOTIFICATION: Continence Care

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident's incontinence individualized plan

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was implemented. A resident was not offered alternate devices as indicated in their assessment. The staff indicated that the alternate devices should have been included in their written plan of care.

Sources: Bladder Continence Assessment, resident's plan of care. Interviews with resident and staff.

## WRITTEN NOTIFICATION: Food Production

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (e)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,  
(e) menu substitutions that have similar nutritional value;

The licensee has failed to ensure that the fortified two percent milk substitutions had similar nutritional value as fortified chocolate milk .

During a meal service on two occasions in October 2024, residents were served a substituted fortified drink instead of the specific fortified drink identified in the food production system. Review of the nutrients facts and interview with the Registered Dietitian indicated that the carbohydrate contained in the specified drink was two time higher than in the drink that was served and contained two grams (g) less protein.



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

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Sources: Inspector's observation. Review of Nutrients facts and interview with the Dietitian.