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

Central West District
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Original Public Report

Report Issue Date: March 13, 2024
Inspection Number: 2024-1268-0002
Inspection Type: Complaint, Critical Incident
Licensee: Eden House Care Facility Inc.
Long Term Care Home and City: Eden House Nursing Home, Guelph

Lead Inspector	**Inspector Digital Signature**
Kailee Bercowski (000734)	Kailee Bercowski Digitally signed by Kailee Bercowski Date: 2024.03.13 16:33:49 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 4 - 8, & 11, 2024

The following intakes were inspected:

- Intake: #00107648 - Complaint involving skin and wound care, food production and menu planning.
- Intake: #00107767 - 2777-000004-24 - A staff to resident abuse allegation.

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

Continence Care
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure care was provided to a resident as set out in their care plan.

Rationale and Summary

A resident's plan of care stated they required assistance of two staff for certain daily tasks.

A PSW reported they had assisted the resident with those tasks by themselves on a day in January 2024, and the resident had been injured during this process.

When staff did not provide assistance as per the resident's plan of care, they were injured.

Sources: Critical Incident Report #2777-000004-24 & the Home's Internal Investigation Notes; a resident's clinical records; Interviews with the home's Director of Care (DOC) and other staff.

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WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 3.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.

The licensee has failed to ensure a resident's continence care plan was updated as per their internal policy, and included alternate approaches in collaboration with the interdisciplinary team.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee is required to ensure the home's internal continence care and bowel management program was complied with.

Specifically, the licensee had not complied with their “Continence Care and Bowel Management” policy ID# NUR 02-04-02, last reviewed October 2023.

The home's policy indicated residents' care plan must include a schedule for staff to assist applicable residents with continence care. In addition, registered staff were to monitor and evaluate residents' care plan at least quarterly and more frequently as required based on the resident's condition, in collaboration with the interdisciplinary team. If the interventions have not been effective, staff were to initiate alternate approaches and update the care plan as necessary.

Rationale and Summary

A resident was assessed to be incontinent of their bladder, and to require assistance with continence care and management.

In January 2024, a specialist health care provider recommended the resident should have an increased frequency of incontinence product changes to support a separate health concern.

At the time of inspection, the resident's written continence care plan did not include a schedule, or directive for staff to check the resident more frequently for the need of incontinence product changes.

When the resident's written continence care plan did not include an individualized schedule, they were at risk of receiving inconsistent and insufficient continence care for their needs.

Sources: Continence Care and bowel Management Policy #NUR02-04-02 (last revised in October 2023), a resident's clinical records; Interviews with the home's DOC, and other staff.
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WRITTEN NOTIFICATION: Menu planning

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 77 (1) (b)
Menu planning
s. 77 (1) Every licensee of a long-term care home shall ensure that the home's menu cycle,
(b) includes menus for regular, therapeutic and texture modified diets for both meals and snacks;

The licensee has failed to ensure the home's menu cycle included a therapeutic menu for residents.

Rationale and Summary

Multiple residents had dietary restrictions in their care plans.

The registered dietitian (RD) and food service manager (FSM) reported the home did not have therapeutic menus, and used care plan interventions to individualize the regular menu's offerings to meet residents' dietary needs. The interventions would be communicated to dietary staff in residents' respective plans of care.

On a day in March 2024, dietary staff were observed preparing and serving standardized recipes with an incompatible ingredient for the residents' dietary restrictions. Dietary staff reported they did not prepare alternate versions of the recipes for that meal service, and indicated that was how they had been trained to prepare the recipes.

The FSM reported the residents' dietary restrictions did not apply to standardized recipes or foods.

The RD stated the residents should not have received those recipes, and reported there was insufficient information in the residents plan of care for staff to adhere to the residents' respective dietary restrictions.

When the home's process for individualized therapeutic diets was not implemented for residents, residents were at risk of unintentionally receiving foods incompatible for their dietary restrictions, and the associated consequences.

Sources: Inspector observations in March 2024; Residents' clinical records; Interviews with the FSM, RD, and other staff.
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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 (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 has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

The licensee has failed to ensure that Additional Precautions were followed by staff in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard), revised September 2023. Specifically, staff did not select the posted Additional Requirements as required by Additional Requirement 9.1 (2)(d) under the IPAC standard.

Rationale and Summary

During the inspection, a room was observed under outbreak isolation measures, pending diagnostic test results. The outbreak isolation measures included for staff to don additional personal protective equipment (PPE) of an N95 mask, face shield, gown, and gloves when within six feet of the room occupants.

During this time, a PSW was observed entering the identified room and delivering meals within six feet of the residents on isolation, without adhering to the posted additional precautions for donning PPE. When the PSW exited the room, they did not remove their surgical mask, and continued on to deliver additional meal trays to other residents in the home, including rooms that did not have isolation measures in place.

The PSW said they should have donned a gown and gloves prior to entering the room, and did not indicate they should have changed their face mask. Another PSW said staff were recently taught they can drop off meal trays to rooms under isolation measures without donning additional PPE, as long as staff do not remain in the room for more than fifteen minutes.

The home's IPAC Lead said staff were expected to don the additional precautions PPE when they were within six feet of residents on isolation measures, regardless of time elapsed in the room. They also said the PSW should have delivered trays to other residents in the home who were not on isolation measures prior to those on isolation.

When a PSW did not follow the home's infection prevention and control measures for outbreak management, residents were at increased risk of illness transmission.

Sources: Inspector observations in March 2024; Additional Precautions Signage, clinical records of residents; Interviews with a PSW and other staff.
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