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 East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: March 6, 2025

Inspection Number: 2025-1546-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Regional Municipality of Durham

Long Term Care Home and City: Fairview Lodge, Whitby

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 18-21, 24-28, 2025 and March 3-6, 2025

The following intake(s) were inspected:

- One intake was related to resident to resident abuse
- One intake was a complaint related to staffing
- Two intakes were related to infectious disease outbreaks
- Two intakes were related to falls resulting in injury.
- One intake was related to an episode of severe hypoglycemia

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: PLAN OF CARE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee failed to ensure that registered staff collaborated with the registered staff from the oncoming shift when monitoring a resident who had an episode of severe hypoglycemia. Interviews with staff revealed that no monitoring of the resident had been completed by the registered staff due to a lack of communication from the previous shift. The resident's condition declined and the resident was transferred to another medical facility.

Sources: The resident's progress notes, and interview with staff.

WRITTEN NOTIFICATION: PAIN MANAGEMENT

NC #002 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 has failed to comply with the home's pain management program for a resident. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program are complied with. Specifically, the home's pain management policy indicates registered staff are to conduct a comprehensive pain assessment for change in clinical status including post fall.

A pain assessment was not completed for a resident after complaining of a new onset of pain related to a fall that resulted in injury and after initiation and administration of a PRN pain medication. The resident's Cognitive Performance Scale (CPS) score indicated cognitive impairment. The Pain Management Lead and the RN acknowledged that the home missed doing a comprehensive pain assessment that was appropriate for the resident's level of cognition.

Sources: The resident's clinical record, Pain Management Policy; INTERD-03-10-01 (revised August 2024), interviews with the Pain Management lead and the RN.

WRITTEN NOTIFICATION: PAIN MANAGEMENT

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.
Pain management
s. 57 (1) The pain management program must, at a minimum, provide for the following:
4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to comply with the home's pain management program for a resident. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program are

complied with.

Specifically, the home's pain management policy indicates registered staff to monitor the resident and document the effectiveness of the pain management strategies.

The resident was complaining of a new onset of pain on related to a fall which resulted in injury and registered staff had administered a PRN pain medication. No documentation was found that indicated the registered staff had monitored the effectiveness of the pain management intervention for a period of time. The Registered Practical Nurse (RPN), the RN and the Pain Management Lead also acknowledged that the homes expectation was for the registered staff to monitor the resident for the effectiveness of the pain management strategies and document when initiation of pain medication or Pro Re Nata (PRN) analgesic administered.

Sources: The resident's clinical record, Pain Management Policy; INTERD-03-10-01 (revised August 2024), interviews with the Pain Management lead, RPN, and the RN.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with

when multiple staff failed to perform hand hygiene when required.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee was required to ensure that Routine Practices and Additional Precautions were followed in the IPAC program related to the hand hygiene program.

During observations of the outbreak resident home area (RHA), staff were observed handling resident food, touching their mask and going from resident room to resident room without performing hand hygiene.

The home's policy named Hand Hygiene Policy stated that staff were required to perform hand hygiene after contact with inanimate objects, before entering a resident’s room, before exiting a resident’s room, and before handling/consuming food or drink.

Sources: Observations, and Hand Hygiene Policy #IC-05-07-02 last reviewed November 2024.

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with when multiple staff failed to perform hand hygiene when required.

In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee was required to ensure the proper use of PPE, including appropriate selection and application.

The home was experiencing an enteric outbreak. During observations of the outbreak RHA and all the other RHAs, multiple staff were observed wearing their surgical mask under their chin, and under the nose. The inappropriate use of

surgical masks was observed throughout multiple days during the inspection.

the home's policy titled Personal Protective Equipment stated that masks were required to fit securely over the nose and mouth, and not be touched while being worn.

Sources: Observations, Personal Protective Equipment policy #IC-05-07-04 last reviewed November/24.

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