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 12, 2022	
Inspection Number: 2022-1178-0002	
Inspection Type: Critical Incident System	
Licensee: Fiddick's Nursing Home Limited	
Long Term Care Home and City: Fiddick's Nursing Home, Petrolia	
Lead Inspector Rhonda Kukoly (213)	**Inspector Digital Signature** Rhonda Kukoly Digitally signed by Rhonda Kukoly Date: 2022.10.12 15:27:38 -04'00'
Additional Inspector(s) Tatiana Pyper (733564)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
September 28, 29, 30, October 3, 4, 5, 6, 2022

The following intake(s) were inspected:

- Intake: #00001316, Critical Incident #2673-000029-22, related to a fall
- Intake: #00002363, Critical Incident #2673-000034-22, related to an altercation between residents
- Intake: #00005723, Critical Incident #2673-000036-22, related to a fall
- Intake: #00007163, Critical Incident #2673-000044-22, related to an altercation between residents
- Intake: #00008523, Critical Incident #2673-000047-22, related to an altercation between residents

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: General requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 34 (1) 1.

The licensee has failed to ensure that the skin and wound care program required under O. Reg. 246/22 s. 53 (1), included relevant policies, procedures and protocols and provided for methods to reduce risk and monitor outcomes.

O. Reg. 246/22 s. 53 (1) 2 states**:** Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.

O. Reg. 246/22 s. 53 (2)(b) states: Each program must, in addition to meeting the requirements set out in section 34, provide for assessment and reassessment instruments.

Rationale and Summary
The home reported two critical incidents involving an altercation between residents resulting in impaired skin integrity. There was no documented assessment of the impaired skin integrity initially, weekly or when resolved by either registered nursing staff or a registered dietitian.

A registered nursing staff member said that they would not complete a skin and wound assessment for that type of impaired skin integrity and would not refer to the dietitian for assessment. The Director of Resident Care (DRC) said that assessments should have been completed by registered nursing staff and the registered dietitian, for any impaired skin integrity.

The home's "Skin Care and Wound Management Policy" was dated last reviewed November 2014 and did not include any reference to any types of impaired skin integrity, or any assessments required to be completed or documented by registered nursing staff or a registered dietitian. The DRC stated the skin and wound policy was outdated and was not compliant with the legislation. There was risk that wounds could deteriorate without a comprehensive clinically appropriate assessment completed.

Sources: Two critical incident reports, record reviews for two residents, the home's "Skin Care and Wound Management Policy" #A-114 dated last reviewed November 2014, and staff interviews. [213]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: 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 program.

Rationale and Summary
The Best Practices for Hand Hygiene in All Health Care Settings noted that hand hygiene had to be performed before initial contact with a resident or items in their environment. The home's Hand Hygiene policy noted in part that staff were required to perform hand hygiene before and after contact with any resident, their body substances or items contaminated by them, and after touching any high touch surfaces such as point of care tablets and electronic Medication Administration Record (eMAR) screens.

A staff member was observed wearing the same glove while using a computer screen and then touching two different residents. The staff acknowledged that they should not have worn gloves when using a screen and should have doffed their gloves and performed hand hygiene between caring for the two different residents

The Director of Resident Care (DRC) stated the expectation was that staff members were to perform hand hygiene before and after contact with any resident, and after touching screens. The DRC stated that gloves were not to be worn by staff members when entering information on a screen. This posed a risk for spread of infection.

Sources: Observations, the Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014, the home's Hand Hygiene policy updated September 2020, and staff interviews. [733564]

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee has failed to comply with the procedure to follow the head injury routine (HIR) for two residents.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee was required to ensure the falls prevention and management program was in place, and ensure it was complied with. Specifically, staff did not comply with the licensee's Falls Prevention and Management policy, which was part of the licensee's Falls Prevention Program.

Rationale and Summary:
Two residents had falls requiring HIR. The HIR documentation was not completed in full for either resident. The Director of Resident Care (DRC) indicated that the HIR for both residents were not completed according to the home's Falls Prevention and Management policy. There was risk to residents when they were not neurologically assessed when applicable.

Sources: Critical Incident reports, Fiddick's Falls Prevention and Management Policy A-187 reviewed February 2017, records for two residents, and staff interviews. [733564]