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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559
ottawadistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 3, 2023

Inspection Number: 2022-1240-0001

Inspection Type:
Complaint
Critical Incident System

Licensee: Genesis Gardens Inc.

Long Term Care Home and City: Foyer St-Viateur Nursing Home, Limoges

Lead Inspector	**Inspector Digital Signature**
Laurie Marshall (742466)	Laurie R Marshall Digitally signed by Laurie R Marshall Date: 2023.01.16 12:35:16 -05'00'

Additional Inspector(s)
Joelle Taillefer (211)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):

- November 7,8,9,10,14, and 15, 2022 (onsite).

The following intake(s) were inspected:

- Intakes: #00002818-[CI: 2746-000015-22], #00006769-[CI: 2746-000003-22], #00007076-[CI: 2746-000003-21], #00002978-[CI: 2746-000004-22] related to residents' falls.
- Intake: #00004172-[CI: 2746-000002-22],#00007180-[CI: 2746-000014-22] Related to unexpected death of residents.
- Intake: #00005308- Complaint relating to COVID-19, by an anonymous complainant regarding home not following public health protocols.

The Licensee Inspection Report has been amended in response to compliance order #001. Additional resident was added to the order. The Critical Incident System inspection, [2022-1240-0001] was completed on November 7,8,9,10,14, and 15, 2022.

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

Falls Prevention and Management
Infection Prevention and Control
Food, Nutrition and Hydration
Resident Care and Support Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee failed to comply with carrying out every operational or policy directive in the long-term care home related to IPAC audits.

Specifically, as per O.Reg 246/22 s.102 (7) 4, the licensee shall ensure that the IPAC lead is auditing the infection prevention and control practices in the home.

As per the Minister's Directive: COVID-19 response measures for long-term care homes (dated August 20, 2022) under section 1.1, the licensee shall conduct regular IPAC audits every 2 weeks when not in outbreak and weekly when in outbreak.

Rationale and Summary:

Review of Licensee's "Infection Prevention and Control Masterpolicy" indicated that data collection and trend analysis for the purpose of infection and outbreak incidence reduction are reviewed at least monthly.

Review of the "St Viateur Nursing Home- Multidimensional Auditing Program" identifies department IPAC auditing is completed "once per 3 months".

The home's "Auditing Program Overview-Tracking sheet/Additional considerations/Recommendations"

were reviewed. The last audits were done March 15, 2022.

Review of home's "Auditing Program Preview- Tracking sheet" documents that last total IPAC audit was completed February 2022.

Interview with IPAC lead and registered staff reported that IPAC audits were done quarterly and last IPAC audit was done in June 2022.

The licensee has not been conducting IPAC audits as per the Ministers Directive. The last documented IPAC audit was completed March 2022.

As such there was a potential risk for disease transmission amongst residents and staff as IPAC deficiencies were not identified.

Sources: Infection Prevention and control Masterpolicy, Homes multidimensional auditing program, auditing program overview and tracking sheet, interview with IPAC lead and RPN #102. [742466]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (15) 1.

The licensee has failed to ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week: In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

Rationale and Summary:

Record review of Infection Prevention Control (IPAC) Leads duties policy states that IPAC Lead is to spend 8 hours per month on this program.

Interview with IPAC lead #101, reported that IPAC lead was not solely designated to IPAC position per week and had other responsibilities.

IPAC Lead #101 was not able to clarify specific designated hours spent on IPAC per week. Joint interview with IPAC Lead and registered staff reported that IPAC duties and responsibilities were shared between

them.

Interview with the homes Administrator reported that IPAC Lead worked 37.5 hours per week and divided IPAC responsibilities and RAI coordinator responsibilities.

As such there was a potential risk for the resident health and safety as IPAC lead was not assigned designated hours to focus solely on IPAC.

Sources: Record review of Infection Control Program Responsibilities of Officer, IPAC Lead, registered staff, Administrator. [742466]

WRITTEN NOTIFICATION: Infection and Prevention Control Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (4) (e)

The licensee has failed to evaluate and update policies related infection and prevention control at least annually in accordance with the standards and protocols issued by the Director under subsection (2).

Rationale and Summary:

Review of Homes policies relating to infection prevention and control including, guideline for Homes procedure to follow up in case of outbreak were last revised in 2019.

Review of the Homes Master policy program has no initial or revision date. IPAC Lead reported that Infection Control and Prevention Control binders had everything relating to infection policies and were in current use.

Administrator reported if that they were unsure when the homes policies were last updated.

Since the policy was not updated there was a potential risk for disease transmission amongst residents and staff because staff were not up to date with current standards and protocols.

Sources: Homes policies for infection prevention and control, Administrator, IPAC Lead and Registered Staff. [742466]

WRITTEN NOTIFICATION: Post Fall Assessment

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 54 (2)

The licensee has failed to comply with the policy to ensure that when resident #003 had fallen, the resident was assessed, and a post fall assessment was conducted using a clinically appropriate assessment instrument that is specifically designed for falls.

In accordance with O. Reg. 246/22 s.11 (1) (b), the licensee of a long-term care home is required to ensure that when a resident has fallen, the resident was assessed, and the policy and procedures related to Risk Assessment and Management and Post Fall Assessment and Management must be complied with.

Rationale and Summary:

A) Specifically, the staff did not comply with the policy "Risk Assessment and Management" date November 2018, that indicated to initiate the Head Injury Routine (HIR) for all unwitnessed falls and witnessed falls that have resulted in a possible head injury. Furthermore, the staff did not comply with the policy "Head Injury and Trauma" dated February 2019 that indicated to start a neurological record form for 48 hours or more according to residents' status. Their Head Injury Routine sheet titled "Neurological and Vital Signs Records" indicated that the frequency of neurological checks is every 4 hours for 24 hours and once a shift for 24 hours until 48 hours.

Revision of resident's progress notes indicated that the resident was attempting to sit, missed the geriatric-chair, and fell on the buttock. The fall was witnessed by another resident. The vital signs were performed at the time of the fall during the day shift, but the neurologic signs were not completed as indicated in their policy "Risk Assessment and Management".

Additional review of resident's progress notes written by RPN indicated that the resident had another fall. The fall was witnessed by another resident. The vital signs were taken at the time of the fall, and then again during the night shift and the evening shift, but the neurologic signs were not performed as indicated in their policy "Risk Assessment and Management".

RPN stated that resident's neurological signs on the evening post fall were not performed since the fall was witnessed by another resident earlier in the day.

RN stated that the neurological signs needed to be performed when the fall was not witnessed by a staff member.

The DOC stated that the neurological assessment should have been completed even if the fall was witnessed by another resident.

As such, as the "Neurological and Vital Signs Records" was not initiated and completed as per the homes policy. There was a potential risk that any change in the resident's health condition would not have been identified.

Sources: Review of resident #003's health care records and interviews with Registered staff and the DOC. [211]

B) In accordance with O. Reg. 246/22 s.11 (1) (b), the staff did not comply with the licensee's policy "Post Fall Assessment and Management" that indicated to initiate and complete the "Post Fall Assessment Tool".

Review of resident's health care records indicated that the resident multiple falls. A post-fall assessment was not conducted using their clinically appropriate assessment instrument specifically designed for falls at the time of falls.

The DOC acknowledged that the staff members should have used their Post-Fall Assessment Tool when resident sustained a fall.

As such, there was a potential risk after resident fell when a post-fall assessment was not completed identifying all factors that contributed to the resident's falls to prevent, manage, and reduce the incidence of falls and the risk of injury.

Sources: Review of resident #003's health care records and interviews with registered staff, and DOC. [211]

WRITTEN NOTIFICATION: Plan of Care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that a written plan of care for resident sets out, clear directions to staff and others who provide care to the resident.

Rationale and Summary:

A resident sustained a fall resulting in injury.

Inspector #211 and staff member observed that a bed alarm was placed on the mattress under the fitted sheet of the resident's bed. The pictogram on the wall over the resident's bed and the current written plan of care did not indicate that the resident had a bed alarm.

DOC acknowledged that resident's current written plan of care and the pictogram did not indicate that a bed alarm was placed in the resident's bed.

As such, there was a potential risk that the staff members and others who provided direct care to resident did not have clear directions to inform them that a bed alarm was placed on the resident's bed.

Source: Inspector #211 observation, review of resident's pictogram, Resident's plan of care, daily flow sheets, the Posey and Alarm List sheet, Interviews with staff, and the DOC. [211]

WRITTEN NOTIFICATION: Resident Records

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 274 (a)

The licensee has failed to ensure that a written record is maintained for each resident of the home, specifically "Neurological and Vital Signs Records" sheets for a resident.

Rationale and Summary:

Resident's progress notes indicated that the resident #103 sustained a fall. Progress notes indicated that the neurological and vital signs were intact.

The "Neurological and Vital Signs Records" indicated that the neurological signs were taken, but they were unable to find the previous original neurological and vital signs record sheet for a specific date in

question.

The DOC stated that they were unable to find the "Neurological and Vital Signs Records" sheet taken on said date.

Consequently, the "Neurological and Vital Signs Records" sheet was not maintained for this resident. There was a potential risk that staff would not have been able to assess potential changes in the resident's health status as they did not have access to the resident's previous health status assessments.

Sources: Review of resident's health care records and interview with the DOC. [211]

COMPLIANCE ORDER CO #001 007

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O.Reg. 246/22, s. 26

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

- Ensure that all PSW staff members of the long-term care (LTC) home are re-educated on the use, application and testing of functionality of bed alarms devices used for residents as per the manufacturers' instructions and the provided education is documented.
- Conduct an audit every shift for two weeks for all different alarm devices being used for resident #003 and one other resident who has bed alarm devices to ensure they are properly operational in accordance with the manufacturers' instructions.
- Document, implement and re-evaluate corrective actions to address any identified deficiencies for each audit.

Grounds:

The licensee has failed to ensure that a staff member used a device in accordance with manufacturers' instructions.

Rationale and Summary:

The manufacturers' instructions indicated that the "Alimed" bed sensor pad should be checked prior to each use for proper functioning. Always test alarm and sensor pad together as a system to ensure proper operation. Turn-on the alarm and ensure the "On" light is lit.

Inspector #211 observed resident #003 lying on the floor at the foot of the bed surrounded by staff members. The resident had fallen and sustained a fracture. An electrical bed sensor pad was placed on the mattress under the fitted sheet on the resident's bed. Inspector #211 and PSW observed that the electrical bed sensor pad was not functional. Another PSW stated that the only noise heard while attending to another resident was resident #003 yelling.

ADOC stated that the wire of the control box had a loose connection of the electrical bed sensor and prevented the alarm to trigger alerting staff that the resident was getting out of bed.

PSW stated that the resident's bed sensor pad was not verified to ensure the bed alarm was functional prior to putting the resident in bed.

As a result, the staff was not alerted when resident #003 attempted to get out of bed and consequently sustained a fall with fracture, which may have been prevented if the staff member verified that the bed sensor pad alarm device was functional prior to putting the resident in bed.

Sources:

Review of the "Alimed" bed sensor pad manufacturers' instructions and interviews with PSW's the ADOC and Inspector #211 observations. [211]

This order must be complied with by February 6, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.