

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 10, 2024

Inspection Number: 2024-1154-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: Gem Health Care Group Limited

Long Term Care Home and City: Groves Park Lodge, Renfrew

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 19, 20, 23, 24, 25, 26, 27, 2024 and October 1, 2, 3, 2024

The following intake(s) were inspected:

- Intake: #00127110 - 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: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the current version of the visitor policy made under section 267.

When alerted to this omission, the Administrator stated the visitor policy is usually posted in the front entrance of the home and may have been removed in error. The following day the administrator followed up with inspector to report a copy of the visitor policy had been posted in the home, which was confirmed by the inspector.

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Sources: Observations, record review and an interview with the Administrator

Date Remedy Implemented: September 20, 2024

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #002 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 that the care set out in the plan of care for a resident was provided to the resident on a specific date when the resident did not receive the prune juice as specified in their plan.

Sources: Inspector's observation, resident's electronic health record, interviews with a Personal Support Worker and the Food Services Manager

WRITTEN NOTIFICATION: Documentation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care for two different residents are documented. Specifically, during a specific

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month, both residents were provided two baths per week as per their individualized schedule but only six of the first resident's baths were documented and only three of the second resident's baths were documented.

Sources: Resident health records, interviews with the Resident Care Coordinator a Personal Support Worker and a resident

WRITTEN NOTIFICATION: Advice

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to ensure the advice of the Residents' Council and the Family Council, if any, was sought in carrying out the survey and in acting on its results.

Sources: Review of the Residents' Council meeting minutes, interviews with a resident council representative and the Food Service Manager

WRITTEN NOTIFICATION: Documentation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (5)

Resident and Family/Caregiver Experience Survey

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- s. 43 (5) The licensee shall ensure that,
- (a) the results of the survey are documented and made available to the Residents' Council and the Family Council, if any, to seek their advice under subsection (4);
 - (b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;
 - (c) the documentation required by clauses (a) and (b) is made available to residents and their families; and
 - (d) the documentation required by clauses (a) and (b) is kept in the long-term care home and is made available during an inspection under Part X.

The licensee has failed to ensure that, based on the results of the Resident and Family/Caregiver Experience Survey, the advice of the Residents' Council and the Family Council was sought prior to actions been taken to improve the long-term care home, the actions taken were documented and made available to the Residents' Council and the Family Council, the documentation was kept in the long-term care home and made available to the MLTC inspector during the inspection.

Sources: Interviews with the Food Services Manager and the Administrator

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.

Air temperature

s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.

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The licensee has failed to ensure that the temperature is measured and documented in writing, of two resident bedrooms in different parts of the home on 51 days of the two months reviewed by the inspector.

Sources: Record review and an interview with the Administrator

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (2) (a)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(a) is reviewed by the Residents' Council for the home;

The licensee has failed to ensure that, prior to being in effect, the spring/summer menu was reviewed by the Residents' Council for the home.

Sources: Residents' Council meeting minutes, interviews with the Food Service Manager and the Registered Dietitian

WRITTEN NOTIFICATION: Menu planning

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

Non-compliance with: O. Reg. 246/22, s. 77 (3)

Menu planning

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s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) 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 the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a written record was kept of the evaluation of the home's spring/summer menu cycle, 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 the changes were implemented.

Sources: Home's spring/summer menu audit, interviews with the Registered Dietitian and the Food Service Manager

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that a continuous quality improvement initiative report was prepared for the home no later than three months after the end of the fiscal year and that a copy was published on the home's website.

Sources: The home's website, interviews with the Food Services Manager and the

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Administrator

WRITTEN NOTIFICATION: CMOH and MOH

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that all recommendations issued by the Chief Medical Officer of Health are followed in the home by ensuring that any alcohol based hand rub in use is not expired.

Sources: Observations of Alcohol Based Hand Rub containers and observations of staff

COMPLIANCE ORDER CO #001 Registered dietitian

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- A) Hire a registered dietitian who is onsite at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.
- B) Written records related to complying with A shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that the Registered Dietitian was on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

In an interview with the Registered Dietitian (RD) they stated that they worked a total of 48 hours per month with half the time completed remotely. When interviewed the Food Service Manager (FSM) confirmed that the RD worked one day per week but alternated between working in the home one week and working remotely the next week.

The Administrator confirmed that the present RD was unable to work all the required hours in the home.

Failure to have a registered dietitian in the home for the total required hours per month placed the residents at an increased risk of harm for nutritional and other health complications. Source: Interviews with the RD, the FSM and the Administrator

This order must be complied with by December 4, 2024



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

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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

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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:



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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.