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

London District
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Original Public Report

Report Issue Date: June 1, 2023
Inspection Number: 2023-1222-0002
Inspection Type: Follow up Critical Incident System
Licensee: Kingsway Nursing Homes Limited
Long Term Care Home and City: Kingsway Lodge Nursing Home, St Marys

Lead Inspector	**Inspector Digital Signature**
Meagan McGregor (721)	Meagan McGregor Digitally signed by Meagan McGregor Date: 2023.06.01 14:50:29 -04'00'

Additional Inspector(s)
Henry Otoo (000753)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 23-24, 2023.

The following intakes were completed in this Critical Incident (CI) inspection:

- Intake #00022380/CI #2726-000003-23;
- Intake #00085013/CI #2726-000008-23; and
- Intake #00085543/CI #2726-000009-23 related to falls prevention and management.

The following intakes were completed in this follow-up inspection:

- Intake #00022756 a follow-up to Compliance Order (CO) #003 from inspection #2022-1222-0001 related to O.Reg. 246/22, s. 60 (a) with a Compliance Due Date (CDD) of May 1, 2023;
- Intake #00022757 a follow-up to CO #001 from inspection #2022-1222-0001 related to FLTCA, 2021, s. 27 (1) (a) (i) with a CDD of May 1, 2023; and
- Intake #00022758 a follow-up to CO #002 from inspection #2022-1222-0001 related to FLTCA, 2021, s. 25 (1) with a CDD of May 1, 2023.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order # from Inspection #2023-1222-0001 related to FLTCA, 2021, s. 27 (1) (a) (i) inspected by Meagan McGregor (721)

Order # from Inspection #2023-1222-0001 related to FLTCA, 2021, s. 25 (1) inspected by Meagan McGregor (721)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order # from Inspection #2023-1222-0001 related to O. Reg. 246/22, s. 60 (a) inspected by Meagan McGregor (721)

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must comply

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee has failed to comply with CO #003 from Inspection #2023-1222-0001, served on March 13, 2023, with a CDD of May 1, 2023.

The retraining and documented record of retraining on the home's responsive behaviours policy was not completed for registered nursing staff, personal support workers, agency nursing staff and compassionate care givers. Additionally, there was no process implemented to ensure that a resident's plan of care related to behavioural interventions, strategies and triggers was reviewed at least monthly by a collaborative team, including the home's behavioural support members, the nurse practitioner or physician, one registered nurse, one personal support worker and one compassionate care giver and a

documented record of this review and communication of changes to the resident's plan of care was not maintained.

The Human Resources (HR) Coordinator said that staff were required to complete training via surge learning on the home's responsive behaviours policy annually and at the time of the inspection this training had not been completed by all registered nursing staff, personal support workers, and agency nursing staff as the due to date to complete this training was five months later.

The Administrator stated the home's responsive behaviours policy had been sent to all staff via email the previous year and it was not emailed to staff again until the time of the inspection, after the CDD. They said they felt sending the home's responsive behaviours policy to staff was ineffective and they were now requiring all staff to complete mandatory Gentle Persuasive Approaches (GPA) training. At the time of the inspection, nine out of 116 staff members had completed GPA training since the CO was served.

There was no documented record indicating retraining on the home's responsive behaviours policy had been completed for registered nursing staff, personal support workers, agency nursing staff and compassionate care givers.

The Director of Care (DOC) said that the resident's care plan in PointClickCare (PCC) related to their behavioural interventions, strategies and triggers had not been reviewed since the CO was served. They stated that the resident's care plan would be reviewed quarterly unless there were incidents of abuse or responsive behaviours exhibited by the resident and that a review of the resident's care plan had not been completed as there had not been any recent incidents involving the resident. The DOC said they misunderstood the specifics of the CO and thought the home was only required to complete a review of the resident's plan of care related to their behavioural interventions, strategies and triggers if they had any further behavioural incidents.

As a result of the home not retraining staff on the home's responsive behaviours policy and completing collaborative monthly reviews of the resident's plan of care related to behavioural interventions, strategies and triggers, there was risk that the resident's behaviours were not being managed effectively and risk for potential physical altercations between them and other residents.

Sources: CO #003 from Inspection #2023-1222-0001; review of the resident's clinical record, including their progress notes and care plan; the home's documentation related to CO #003 from Inspection #2023-1222-0001; and staff interviews. [721]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
Compliance Order #003, issued in inspection #2023-1222-0001, on March 13, 2023, with a CDD of May 1, 2023, related to O. Reg. 246/22, s. 60 (a).

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.