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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: October 10, 2023
Inspection Number: 2023-1496-0004
Inspection Type: Follow up
Licensee: Kristus Darzs Latvian Home
Long Term Care Home and City: Kristus Darzs Latvian Home, Woodbridge

Lead Inspector	**Inspector Digital Signature**
Yannis Wong (000707)	Yannis Wong Digitally signed by Yannis Wong Date: 2023.10.10 15:58:53 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 27-29, 2023

The following intake(s) were inspected:

- Intake: #00094984 - Follow-up #: 1 - High Priority CO #001 - 2023-1496-0003; Plan of Care, FLTCA, 2021 - s. 6 (7). CDD September 15, 2023.
- Intake: #00094985 - Follow-up #: 1 - High Priority CO #002 - 2023-1496-0003; Transferring and Positioning - O. Reg. 246/22 - s. 40; CDD September 15, 2023.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1496-0003 related to FLTCA, 2021, s. 6 (7) inspected by Yannis Wong (000707)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order #002 from Inspection #2023-1496-0003 related to O. Reg. 246/22, s. 40 inspected by Yannis Wong (000707)

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

Resident Care and Support Services
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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 the conditions of Compliance Order (CO) #002 issued August 18, 2023, under inspection report 2023_1496_0003 with a compliance order due date of September 15, 2023.

Grounds
The home failed to educate all Personal Support Workers (PSWs) and registered staff on the home's Zero Lift policy, on transferring a resident post fall, and procedures for staff when a resident has fallen by the compliance due date.

Rationale and Summary
Follow up inspection was conducted on September 27 to 29, 2023. The inspector found the home was not in compliance with CO #002 under inspection #2023_1496_0003.

The home was required to provide training to all PSWs and registered staff related to the compliance order. The home conducted in-person training in August and September 2023. The Assistant Director of Care (ADOC) confirmed there were no other training records for the time period.

Record review and interview with the ADOC confirmed that as per the staff schedule, there were 75 active PSWs and registered staff that worked at least one shift between August 18 to September 15, 2023. Based on the sign-in records, only 47 of the 75 nursing staff received training.

The ADOC acknowledged that the home remained in non-compliance during inspection

#2023_1496_004.

Sources: Training records; staff schedule; and interview with ADOC.

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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:
CO related to O. Reg 246/22, r. 40 was issued on Aug 18, 2023

This is the first AMP that has been issued to the licensee for failing 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.

WRITTEN NOTIFICATION: Falls prevention and management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (3)

The licensee has failed to ensure that supplies for falls prevention and management were readily available at the home.

Rationale and Summary
i) The care plan for two residents indicated a specific falls prevention device should be in place.

Registered Nurse (RN) conducted audits in September 2023 and noted the intervention was not in place for the two residents. They documented in both audits that there were no extra devices available in the home to provide to the residents.

During an interview with the RN, they stated they could not find any extra fall prevention devices in the building and confirmed the specific devices were not readily available in the home.

At the time of inspection, the care plan for both residents included the specific falls prevention device. During an observation conducted on September 28, 2023 with a Registered Practical Nurse (RPN), the specific device was not found for both residents.

Failure to ensure that fall prevention intervention supplies were readily available in the home placed residents at increased risk of injury in the event of a fall.

Sources: Resident clinical records; fall prevention intervention audit; observations; and interviews with staff.

Rationale and Summary
ii) A falls prevention device was applied to a resident on a day in September 2023. A PSW notified the RPN that part of the device was missing around lunch time on the same day. The RPN notified the RN on duty to obtain this device but there were none available at the time. RPN confirmed the specific device was not readily available in the home.

Failure to ensure that fall prevention intervention supplies were readily available in the home placed a resident at increased risk of injury in the event of a fall.

Sources: Resident clinical records; and interview with staff.

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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
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.