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
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Original Public Report

Report Issue Date: March 14, 2024

Inspection Number: 2024-1496-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: Kristus Darzs Latvian Home

Long Term Care Home and City: Kristus Darzs Latvian Home, Woodbridge

Lead Inspector	**Inspector Digital Signature**
Adelfa Robles (723)	Adelfa P Robles Digitally signed by Adelfa P Robles Date: 2024.03.18 11:24:35 -04'00'

Additional Inspector(s)
Nicole Ranger (189)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26, 27, 29, 2024 and March 1, 4, 5, 6, 2024

The following intake(s) were inspected:

- Intake: #00109777 - Proactive Compliance Inspection

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

Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control

Medication Management
Pain Management
Prevention of Abuse and Neglect
Quality Improvement
Resident Care and Support Services
Residents' and Family Councils
Skin and Wound Prevention and 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 current version of the home's visitor policy was posted.

Rationale and Summary
During the initial tour of the home, there was no visitor's policy observed posted. The home confirmed that the visitor's policy was not posted.

The next day, the home's visitor's policy was posted in the home's first floor bulletin board.

SOURCES: Observations in the home and staff interviews.

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Date Remedy Implemented: February 27, 2024

WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that residents' written plan of care was reviewed and revised when their care needs changed.

Rationale and Summary

i) A resident was observed not wearing their device. Resident's written plan of care indicated staff to ensure they wear their device.

Staff stated the resident can apply their own device but would refuse to wear it. Staff also stated the resident's plan of care was not updated to reflect their current care needs.

There was no actual harm when the resident's written plan of care was not reviewed and revised since the resident received care in accordance with their needs.

SOURCES: Resident observations, resident's clinical records and staff interviews.

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ii) A resident was observed not wearing protective clothing. Resident's written plan of care indicated resident to wear their protective clothing as per family request.

Staff stated the protective clothing was not applied during their shift. Another staff stated the resident's plan of care was not updated to reflect their current care needs.

There was no actual harm to the resident when their written plan of care was not reviewed and revised since the resident received care in accordance with their needs.

SOURCES: Resident observations, resident's clinical records and staff interviews.

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WRITTEN NOTIFICATION: FAMILY COUNCIL

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (a)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council;

The licensee has failed to ensure that on an ongoing basis, resident's families, and persons of importance to residents were advised of their right to establish a Family Council (FC).

Rationale and Summary

The home stated that they had no established FC. The last attempt from a family member to establish a FC was in 2021 but did not come to fruition. The home was not able to demonstrate that they promoted the right to establish a FC after 2021.

SOURCES: The KD Bulletin, March 2024, and staff interview.

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

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council.

The licensee has failed to ensure semi-annual meetings were convened to advise persons of the right to establish a FC when there was no FC.

Rationale and Summary

The home stated they had no formal FC and virtual meetings were conducted with family members randomly to provide them updates.

There was no evidence to confirm that semi-annual meetings were convened to advise families of the right to establish a FC.

SOURCES: Home's Records and staff interview.

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: O. Reg. 246/22, s. 102 (10)

Infection prevention and control program

s. 102 (10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 246/22, s. 102 (10).

The licensee failed to ensure that Infection Prevention and Control (IPAC) trends were reviewed and analyzed at least once a month to reduce the incidence of infection and outbreaks.

Rationale and Summary

The home's IPAC Policy indicated, the IPAC committee would meet alone or as part of the home's Professional Advisory Committee (PAC) monthly to analyze infection trends and develop action plans to address areas of improvement.

The home's PAC meeting minutes did not indicate any analysis related to the home's infection trends. There were no monthly IPAC meetings conducted to review and analyze infection trends and outbreaks in the home.

The home stated that IPAC meetings were done as needed but there was no monthly documentation of IPAC meeting minutes.

Failure to review and analyze monthly infection trends increased the risk of compromised prevention and management of infections in the home.

SOURCES: IPAC Program Overview, PAC Meeting Minutes February 28, 2024, IPAC Meeting Minutes (April 5, 2023, August 16, 2023, January and February 2024), and staff interviews.

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WRITTEN NOTIFICATION: DRUGS

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 124 (3) (c)
Quarterly evaluation
s. 124 (3) The quarterly evaluation of the medication management system must include at least,
(c) identifying changes to improve the system in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 246/22, s. 124 (3); O. Reg. 66/23, s. 25 (1).

The licensee has failed to ensure that the quarterly evaluation of the medication management system included identified changes to improve the system.

Rationale and Summary
The PAC 2023 meeting minutes were reviewed and there were no changes identified or action plan implemented to improve the home's medication management system.

The home acknowledged that there were no identified changes documented to improve the medication management system in 2023.

Failure to identify changes to the effectiveness of the medication management system and to recommend any changes necessary to improve the system poses the risk of gaps and areas for improvement being missed and not addressed in a timely manner.

SOURCES: PAC Meeting Minutes (March 29, 2023, July 19, 2023, November 22, 2023) and staff interviews.

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WRITTEN NOTIFICATION: OBTAINING AND KEEPING DRUGS

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (3) (a) (i)
Medication incidents and adverse drug reactions
s. 147 (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that have occurred in the home since the time of the last review in order to,
(i) reduce and prevent medication incidents and adverse drug reactions,

The licensee has failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that have occurred in the home since the last review in order to reduce and prevent medication incidents and adverse drug reactions.

Rationale and Summary
A review of the medication incidents from 2023, identified medication incidents in April 2023 and June 2023. The PAC meeting minutes did not include any reference to a review of these medication incidents in the home.

The home acknowledged that a quarterly evaluation of the medication incidents was not completed in 2023.

The home's failure to complete a quarterly review of all medication incidents and adverse drug reactions that had occurred in the home poses the risk of gaps and areas for improvement being missed and not addressed in a timely manner.

SOURCES: PAC Meeting Minutes (July 19, 2023, November 22, 2023), Medication Incident Reports and staff interview.

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WRITTEN NOTIFICATION: OBTAINING AND KEEPING DRUGS

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to ensure that drugs to be disposed were stored safely and securely.

Rationale and Summary
The home's policy for drug disposal said that drugs to be disposed of should be stored safely and securely within the home separate from medications for administration, until the destruction or disposal occurred.

The inspector observed two white buckets on the floor in the medication room for non-controlled medications that needed to be disposed or destroyed. In one bucket, instructions on top of the lid directed staff to dispose loose pills inside, and in another white bucket instructions directed staff to place medication bottles only and no medication pouches inside.

The bucket lids were not secured to the buckets, allowing the medications that were in the buckets to be accessed and removed. The inspector opened the bucket for medication bottles and observed multiple medication packages intact with medications still inside the package.

The staff told the inspector that they were expected to remove the medications from the package, put them in the bucket for loose pills, then remove the label from the package or place the medication pouches in a separate bucket for shredding.

The home acknowledged that the disposal area was not appropriately maintained and staff did not follow the home's process for drug disposal.

SOURCES: Observations in the home, home's Drug Destruction and Disposal Policy, and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
3. The home's Medical Director.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) committee included the home's medical director.

Rationale and Summary
The Quality Improvement (QI) meeting reports, identified the Leadership team as part of the CQI committee.

The home acknowledged the home's CQI committee as a combination of the Leadership Team in which the home's medical director was not a member.

Failure to include all required roles in the CQI committee may risk potential relevant interdisciplinary feedback to assist the homes in their CQI initiatives or outcomes.

SOURCES: CQI committee meeting reports (May and September 2023), and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
5. The home's registered dietitian.

The licensee has failed to ensure that the CQI committee included the home's Registered Dietitian (RD).

Rationale and Summary
The QI meeting reports, identified the Leadership team as part of the CQI committee.

The home described the home's CQI committee as a combination of the Leadership Team in which the home's RD was not a member.

Failure to include all required roles in the CQI committee may risk potential relevant interdisciplinary feedback to assist the homes in their CQI initiatives or outcomes.

SOURCES: CQI committee meeting reports (May and September 2023), and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the CQI committee included the home's pharmacy service provider.

Rationale and Summary
The QI meeting reports, identified the Leadership team as part of the CQI committee.

The home acknowledged the home's CQI committee as a combination of the Leadership Team in which the home's pharmacy service provider was not a member.

Failure to include all required roles in the CQI committee may risk potential relevant interdisciplinary feedback to assist the homes in their CQI initiatives or outcomes.

SOURCES: CQI committee meeting reports (May and September 2023), and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the CQI committee included a PSW employed at the home.

Rationale and Summary

The QI meeting reports, identified the Leadership team as part of the CQI committee.

The home acknowledged that the home's CQI committee as a combination of the Leadership Team in which a PSW employed at the home was not a member.

Failure to include all required roles in the CQI committee may risk potential relevant interdisciplinary feedback to assist the homes in their CQI initiatives or outcomes.

SOURCES: CQI committee meeting reports (May and September 2023), and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
9. One member of the home's Residents' Council.

The licensee has failed to ensure that the CQI committee included one member of the home's Residents' Council (RC).

Rationale and Summary
The QI meeting reports, identified the Leadership team as part of the CQI committee.

The home described the home's CQI committee as a combination of the Leadership Team in which one member of the home's RC was not a member.

Failure to include all required roles in the CQI committee may risk potential relevant interdisciplinary feedback to assist the homes in their CQI initiatives or outcomes.

SOURCES: CQI committee meeting reports (May and September 2023), staff and resident interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,

i. the date the survey required under section 43 of the Act was taken during the fiscal year,

ii. the results of the survey taken during the fiscal year under section 43 of the Act, and

iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the CQI Initiative report included the dates when the Resident and Family Experience Survey were taken, the results of the survey, how, and the dates when the actions taken from the Resident and Family Experience Survey were communicated to residents' families.

Rationale and Summary

The 2023 CQI report found on the home's website was reviewed.

The home confirmed that the home's CQI report did not include the date the Resident and Family/Caregiver Survey was taken during the 2022-2023 fiscal year; the results of the survey taken during that year; and how and when the results of the survey were communicated to the residents, families, RC and members of the staff of the home.

SOURCES: QI Plan Report April 2023, and staff interviews.

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WRITTEN NOTIFICATION: QUALITY

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 6. v.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
6. A written record of,
v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure the Quality Initiative Report included how and the dates when the the actions of the Quality Initiative Report were communicated to residents, families, RC and members of the staff of the home.

Rationale and Summary
The 2023 CQI report found on the home's website was reviewed.

The home confirmed that the home's CQI report did not include when the CQI Initiative Report, was shared with the residents, RC, families, and members of the staff of the home.

SOURCES: QI Plan Report April 2023, and staff interviews.

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