Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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

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Original Public Report

Report Issue Date: January 20, 2023	
Inspection Number: 2023-1305-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: 2063412 Ontario Limited as General Partner of 2063412 Investment LP	
Long Term Care Home and City: Muskoka Shores Care Community, Gravenhurst	
Lead Inspector Shannon Russell (692)	**Inspector Digital Signature** Shannon K Russell Digitally signed by Shannon K Russell Date: 2023.02.03 10:08:37 -05'00'
Additional Inspector(s) Inspector #000702 was present during this inspection.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): January 9-13, 2023.

The following intake(s) were inspected:
- One Intake, for a complaint submitted regarding resident care concerns, specifically related to falls prevention and management;
- One intake, related to allegations of staff to resident abuse;
- Three intakes, related to resident-to-resident responsive behaviours; and,
- Six intakes, related to falls prevention and management.

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

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to Protect

NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s 24 (1)

The licensee has failed to ensure that a resident was protected from abuse and neglect by staff.

Section 2 (1) of the Ontario Regulations (O. Reg.) 242/22 defines physical abuse as “the use of physical force by anyone other than a resident that causes physical injury or pain”. As well, defines neglect as “the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents”.

Rationale and Summary
A resident’s substitute decision maker (SDM) reported to management allegations of multiple incidents of abuse and neglect that had been exhibited towards the resident.

The incidents reviewed demonstrated staff members that had been observed to have completed inappropriate resident care and assessments to the resident, that had not promoted their safety or well-being. During all the incidents the staff did not treat the resident in a respectful or courteous manner.

The Interim Director of Care (DOC) identified that all the incidents reported were inappropriate actions by the staff members, and that the incidents of abuse had been founded. There had been a moderate impact and a moderate risk to the resident from the inappropriate actions of the staff members.

Sources: A Critical Incident System (CIS) report; a resident’s health care records; internal investigation notes; licensee policy titled, “Prevention of Abuse and Neglect of a Resident, #VII-G-10.00", last revised October 2022; staffs personnel files; and interviews with a Registered Practical Nurse (RPN), a Registered Nurse (RN), and the Interim DOC. (692)

WRITTEN NOTIFICATION: Screening measures

NC #02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 81 (2)

The licensee has failed to ensure that screening measures were conducted in accordance with the regulations before staff commenced providing direct resident care; specifically, related to police record checks.

O. Reg. 242/22, section 252, indicated that where a police record check was required before a licensee hired a staff member, as set out in subsection 81 (2) of the Act, the police record check was to be conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015; and, conducted within six months before the staff member was hired. The police record check was to be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine

the person suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

Rationale and Summary
There had been allegations of abuse and neglect towards a resident by staff members. The Inspector reviewed the personnel files of the staff members involved and was unable to locate a completed vulnerable sector police record check on file for some staff members.

The Interim DOC indicated that all staff were to have a current completed vulnerable sector police record check on file prior to starting employment with the home. The Interim DOC identified that the two staff members should not have commenced working directly with the residents until they completed the record check.

There was a moderate impact and a moderate risk to the resident for having staff members provide direct care prior to completing the vulnerable sector police record check.

Sources: A CIS report; a resident's health care records; internal investigation notes; licensee policy titled, "Prevention of Abuse and Neglect of a Resident", #VII-G-10.00, last revised October 2022; staffs personnel files; and interviews with direct care staff, and the Interim DOC. (692)

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #03 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 49 (2)

The licensee has failed to ensure that a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls when a resident sustained a fall.

Rationale and Summary
A resident had sustained an unwitnessed fall, resulting in a transfer to the hospital, where they had sustained a significant injury. There was no post fall assessment completed for the fall that had occurred. The RPN on duty that day identified that a post fall assessment was to be completed after the resident had fallen.

The Interim DOC indicated that a post fall assessment must be completed by a registered staff member for every fall, even if the resident was transferred to the hospital.

There was moderate impact and a moderate risk to the resident for not completing the post fall assessment to have obtained information to mitigate further falls and/or injury.

Sources: A CIS report; a resident's health care records; the home's policy titled, "Falls Prevention and Management", #VII-G-30.10, last revised December 2021; interviews with direct care staff, and the Interim DOC (692)

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #04 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control (IPAC) program, specifically to ensure there was signage posted on or near the entrance door of affected residents that indicated the resident was on additional precautions.

In accordance with Public Health Ontario (PHO), Routine Practices and Additional Precautions in All Health Care Settings, homes were required to have signage specific to the type(s) of additional precautions posted. A sign that lists the required precautions was to be posted at the entrance to the resident's room or bed space.

Rationale and Summary
On two consecutive days, the Inspector observed a resident's room that had an isolation caddy present outside the room; however, the Inspector could not locate signage to identify the type of additional precautions required for the resident.

During an interview with the Interim Infection Prevention and Control (IPAC) Lead and Interim DOC, they both identified that with no signage in place, the proper precautions would not be followed, which would increase the risk of spreading infection to other residents.

Sources: Inspector's observations; a review of resident's health care records; PHO, Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, November 2012; the licensee's policy titled, "Additional Precautions", #IX-G-10.70, last revised December 2021; interviews with a Housekeeper, direct care staff, the Interim IPAC Lead and the Interim DOC (692)