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: January 15, 2024.
Inspection Number: 2023-1280-0007
Inspection Type: Critical Incident Follow up
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP
Long Term Care Home and City: Midland Gardens Community, Scarborough

Lead Inspector	**Inspector Digital Signature**
Maya Kuzmin (741674)	Maya Kuzmin Digitally signed by Maya Kuzmin Date: 2024.01.15 15:51:04 -05'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 2-4 and 8-10, 2024.

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

- Intake #00101870/2789-000035-23 was related to physical and verbal abuse by staff to resident
- Intake #00102542/2789-000037-23 was related to the use of glucagon resulting in hospital transfer of a resident.

The following Compliance Order (CO) Follow up intake was inspected:

- Intake #00101005, CO #001 under inspection #2023-1280-0006; Plan of Care - FLTCA, 2021 - s. 6 (7); Compliance Due Date December 11, 2023.

- Intake #00101006, CO #002 under inspection #2023-1280-0006; O. Reg. 246/22 - s. 79 (1) 3, Compliance Due Date December 11, 2023.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1280-0006 related to FLTCA, 2021, s. 6 (7) inspected by Maya Kuzmin (741674)

Order #002 from Inspection #2023-1280-0006 related to O. Reg. 246/22, s. 79 (1) 3. inspected by Maya Kuzmin (741674)

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

Medication Management
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse

by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from physical abuse.

Section 2 of the Ontario Regulation 246/22 defines physical abuse as "(a) the use of physical force by anyone other than a resident that causes physical injury or pain".

Rationale and Summary:

A Critical Incident (CI) was submitted to the Director of the Ministry of Long-Term Care, indicating that camera footage captured a resident attempting an interaction with direct care staff. The direct care staff proceeded to become physical towards the resident during the interaction.

The program staff and another direct care verified that the identified staff member had a physical interaction with this resident. Assistant Director of Care (ADOC) indicated that based on the home's investigation there was substantiated physical abuse. The next day, the resident sustained injuries from the interaction and as a result, required further interventions.

There was risk to the resident when they were not protected from physical abuse by staff.

Sources: Critical Incident Report; resident's clinical records; LTCH investigation notes; and interviews with staff.

[741674]

WRITTEN NOTIFICATION: Medication management system

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the medication management system specifically the written policy titled, "Diabetes Management - Hypoglycemia, VIII-C-10.30" for a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure the medication management program, at a minimum, provides for strategies to manage residents' risks and incidents of hypoglycemia and must be complied with.

Specifically, staff did not comply with the policy “Diabetes Management - Hypoglycemia, VIII-C-10.30”, dated December, 2023, which was included in the licensee's Medication Management Program. The Policy directed Registered Nursing Staff to treat concious or unconcious diabetic residents who may or may not be exhibiting known signs of hypoglycemia and/or whose blood interstitial fluid glucose readings are below 4 mmol/L to effectively manage residents with (Type 1 or Type 2) to reduce the risk and number of incidents of hypoglycemia.

Rationale and Summary:

A CI was submitted to the Director indicating that a resident was administered glucagon and was taken to hospital.

The home's policy stated that a nurse will promptly treat conscious or unconscious diabetic residents whose blood interstitial fluid glucose readings are below 4 millimoles per litre (mmol/L).

Prior to the incident, a registered staff documented the resident's blood glucose reading below 4 mmol/L and insulin was not administered.

An hour and a half later, the registered staff checked the resident's blood glucose reading again and documented to be below 4 mmol/L. They notified the physician and were instructed to provide the resident with an intervention to help increase the blood glucose but it was not effective. The registered staff re-checked the resident's blood glucose reading, documented it at below 3 mmol/L and resident was administered glucagon. They acknowledged they did not provide any intervention when the resident's blood sugar was initially checked prior to the critical incident due to multiple priorities. ADOC stated that registered staff did not implement the policy for the resident.

Failure to implement the policy delayed treatment to the resident.

Sources: CI; resident's clinical records; Diabetes Management - Hypoglycemia, VIII-C-10.30 Policy (last revised December 2023); interviews with staff.

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