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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: May 15, 2025
Inspection Number: 2025-1271-0002
Inspection Type: Critical Incident
Licensee: The Ontario-Finnish Resthome Association
Long Term Care Home and City: Mauno Kaihla Koti, Sault Ste. Marie

INSPECTION SUMMARY

The inspection occurred onsite on May 5-9, 2025, and offsite on May 13-14, 2025.

The following two intakes were inspected:
-Intake related to allegations of neglect of a resident, and
-Intake related to an infectious outbreak in the home.

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

Skin and Wound Prevention and Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Involvement of resident, etc.

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care

s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee has failed to ensure that a resident's Substitute Decision-Maker (SDM) was given the opportunity to participate fully in the development and implementation of the resident's plan of care when they were not made aware of changes to the plan of care.

Sources: A resident's paper and electronic health care records, the doctor communication record, the home's policy titled "Care Plans, Resident Care" last reviewed June 2024, interviews with the Executive Director of Care (EDOC) and other staff.

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident's care was documented.

Sources: A resident's medication/treatment administration record, interviews with the EDOC and other staff.

WRITTEN NOTIFICATION: Notification re incidents

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

Non-compliance with: O. Reg. 246/22, s. 104 (2)
Notification re incidents
s. 104 (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee has failed to ensure a resident's SDM was notified of the results of the investigation completed by the home.

Sources: A resident's progress notes, a Critical Incident (CI) report, the home's internal investigation, the home's policy titled "Abuse of Residents, Preventing, Reporting and Eliminating – Schedule D" last reviewed June 2024, interviews with the EDOC and other staff.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
a) Provide retraining to specified registered staff on, including but not limited to, the home's Skin and Wound Care Program, Pain Program, documentation standards and policies.

b) Develop and implement a process for reviewing the documentation of care provided by specified registered staff to a resident to ensure documented care is provided. Take immediate corrective action if concerns continue to be identified to ensure care documented as completed was provided.
c) Develop a written plan on how personal support and registered staff are to coordinate care to ensure that a resident receives appropriate care and that any concerns with care are communicated by personal support staff to registered staff for immediate action.
d) Retrain all direct care staff on a unit on the home's written plan for coordinating a resident's care.
e) Monitor a resident's care weekly for a minimum of four weeks and take immediate action if deficiencies are identified with the planned care being provided.
f) Maintain a record of everything required under sections (a) through (e).

Grounds

The licensee had failed to ensure that a resident's received interventions to reduce or relieve pain, promote healing, and prevent infection when specified registered staff failed to provide care to a resident while documenting that they had.

A resident also failed to receive interventions to reduce pain, promote healing and prevent infection by not receiving care in a timely manner.

Sources: A resident's medication and treatment administration record and plan of care, registered staff HR files, the home's policy titled "Care Plans, Resident Care" last reviewed June 2024, the home's Skin and Wound Program dated November 26, 2010, interviews with the EDOC and other staff.

This order must be complied with by June 19, 2025

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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.