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

Hamilton District
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Original Public Report

Report Issue Date: October 27, 2023	
Inspection Number: 2023-1540-0005	
Inspection Type: Complaint	
Licensee: The Regional Municipality of Niagara	
Long Term Care Home and City: The Meadows of Dorchester, Niagara Falls	
Lead Inspector Jonathan Conti (740882)	**Inspector Digital Signature** Jonathan Conti Digitally signed by Jonathan Conti Date: 2023.10.31 10:48:39 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 10-12, 18-20, 2023.

The following intake(s) were inspected:

- Intake #00095503 was related to alleged abuse, continence care, and recreational and social activities.

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

Continence Care
Infection Prevention and Control
Prevention of Abuse and Neglect
Recreational and Social Activities

INSPECTION RESULTS

WRITTEN NOTIFICATION: Continence care and bowel management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)

The licensee has failed to ensure that a resident who was incontinent had their individualized plan implemented as part of their plan of care, to promote and manage bowel and bladder continence.

Rationale and Summary
A resident's individualized plan of care had directions for the resident to receive a specified continence product during a specified time of day and a different continence product during another specified time of day for continence care. The directions were confirmed based on an assessment completed on a date in March 2023, which indicated frequent incontinence.

As per the home's Continence and Bowel Management policy, the Personal Support Workers (PSW) are to follow the care plan for continence care interventions.

Documentation indicates there was concern from the substitute decision maker (SDM), that the directions for continence products the resident was to receive were not followed.

On a date in April 2023, the resident was noted to have the incorrect continence product on during a specified time of day, and it was requested by family for the resident to have the specified continence product used as per the directions in the plan of care.

As per the Associate Director of Resident Care (ADRC) and a Registered Practical Nurse (RPN), at the time of the incident the resident was to have a specified continence product based on their assessed plan of care and acknowledged that the directions for continence products were not followed. A PSW confirmed that the wrong continence product was being used at the time of the incident.

By the resident's individualized intervention not being implemented, the resident may not have been given the opportunity to promote and manage bowel and bladder continence.

Sources: Internal investigation notes; resident clinical records; interviews with the ADRC, PSW and RPN; the home's Continence and Bowel Management policy (revised November 15, 2022). [740882]