

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**Toronto Service Area Office  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 14, 2021	2021_766500_0012	019719-20	Critical Incident System

**Licensee/Titulaire de permis**Mississauga Long Term Care Facility Inc.  
26 Peter Street North Mississauga ON L5H 2G7**Long-Term Care Home/Foyer de soins de longue durée**Mississauga Long Term Care Facility  
26 Peter Street North Mississauga ON L5H 2G7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

NITAL SHETH (500)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 19, 20, 21, 22, off-site (April 27), 2021.**

**The intake log #019719-20 (CIS #1078-000006-20) related to injury with unknown cause was inspected during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Registered Nursing Staff, and Personal Support Workers.**

**During the course of the inspection the inspector observed the residents' care areas, the Infection Prevention and Control practices and reviewed the residents' and home's records.**

**The following Inspection Protocols were used during this inspection:**  
**Hospitalization and Change in Condition**  
**Infection Prevention and Control**  
**Pain**

**During the course of this inspection, Non-Compliances were issued.**

**2 WN(s)**  
**2 VPC(s)**  
**0 CO(s)**  
**0 DR(s)**  
**0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

## WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

**s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that when a resident #001's pain was not assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The home submitted a Critical Incident System (CIS) report which indicated an incident that caused an injury to resident #001 that resulted in a hospital transfer and a significant change in the resident's health status.

Resident #001's progress notes indicated that the resident demonstrated pain and their pain had not been addressed, either by non-pharmacological or pharmacological methods. There was no assessment completed for the resident's pain. The resident demonstrated pain was not addressed by staff, and the resident was only given scheduled pain medication three times a day, on three consecutive days:

-On first identified day, the resident showed some pain in the specified areas during their transfer.

-On second identified day, pain was noted when PSW provide care, the resident screamed during transferring. The staff left a note in the physician's book and Occupational Therapist (OT)'s binder. The resident was up in the chair until late night.

-On third identified day, the resident had a change in their health status, continued to be in pain, calling out during care and transfers. After five hours, the resident was observed with an altered skin integrity and a change in their health condition. Moderate pain noted. The physician was informed, and X-ray was ordered and scheduled pain medication given.

-On fourth day, the home learned that there was an injury to the resident and the resident was sent to the hospital.

The home's Pain Management Program indicated that each resident must have a formal assessment for incidences of new pain. Residents experiencing pain must be treated immediately using non-pharmacological and pharmacological methods to maximize function and promote quality of life. Should a resident's pain not be relieved by initial interventions, the resident was to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose. The staff were to monitor the effectiveness of the pain management strategies.

The Director of Care (DOC) indicated that the documentation was made by staff for the resident's pain however staff should have followed the home's pain management policy, to address pain and to complete a pain assessment.

Sources: Progress notes, Pain Management Program Policy, interviews with the DOC and staff, CIS report). [s. 52. (2)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 221. Additional training — direct care staff**

**Specifically failed to comply with the following:**

**s. 221. (1) For the purposes of paragraph 6 of subsection 76 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:**

**4. Pain management, including pain recognition of specific and non-specific signs of pain. O. Reg. 79/10, s. 221 (1).**

**Findings/Faits saillants :**

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1. The licensee has failed to ensure that training for pain management, including pain recognition of specific and non-specific signs of pain was provided to all staff in 2020, who provide direct care to residents.

A review of the home's staff education record and interview with the DOC verified that direct care staff did not receive pain management training in 2020. The DOC indicated that some education was offered by the pain consultant to the staff members in late 2020, but there were no records of staff attendance for this training.

Sources: The home's staff education record (2020), interview with the DOC. [s. 221. (1) 4.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that training for pain management, including pain recognition of specific and non-specific signs of pain is provided to all staff, who provide direct care to residents, to be implemented voluntarily.***

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Issued on this 20th day of May, 2021

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**