

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: November 3, 2023	
Inspection Number: 2023-1092-0003	
Inspection Type: Complaint	
Licensee: Canadian Reformed Society for a Home for the Aged Inc.	
Long Term Care Home and City: Mount Nemo Christian Nursing Home, Burlington	
Lead Inspector Michelle Warrener (107)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): September 19, 20, 25, 27-29, 2023 The inspection occurred offsite on the following date(s): October 16-18, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00092977 related to continence care.

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

- Continenence Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Residents' Rights and Choices

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 3 (1) 18.

The licensee failed to ensure that a resident was afforded privacy in caring for their personal needs.

Rationale and Summary:

A Personal Support Worker was providing continence care to resident and the resident could be seen from the hallway not fully clothed. The PSW stated the curtain was closed, however, only one of the privacy curtains was used, leaving the resident visible from the hallway. The PSW stated they would make sure that both privacy curtains were fully closed moving forward.

The Inspector demonstrated the placement of the curtains for the Administrator, and they acknowledged that both privacy curtains should be closed to ensure privacy of the resident during continence care.

Sources: observation of a resident from the hallway, interview with the PSW, interview and observations of privacy curtains with the Administrator.

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Date Remedy Implemented: September 20, 2023

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee failed to ensure that the provision of care set out in a resident's plan of care related to continence, was documented.

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Rationale and Summary:

A resident had a specific plan of care related to continence. Documentation in the Point of Care (POC) computerized records was not consistent with the resident's specific continence plan for a two-week period prior to the resident's hospitalization.

A Personal Support Worker stated that the resident was provided continence care according to the specific plan, however, they did not document according to the specific plan. Another PSW stated that documentation in POC records was not reflective of the provision of the residents continence care.

Documentation did not reflect the provision of continence care according to the resident's specific plan of care.

Sources: Documentation Survey Report v 2 ADL; the resident's care plan related to continence; interviews with two PSWs, and the Director of Resident Care.

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WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (c)

The licensee failed to comply with their hydration program to ensure the implementation of interventions to mitigate and manage hydration risks for a resident.

In accordance with Ontario Regulation, 246/22, s.11. (1) b, the licensee was required to ensure that their hydration policy was complied with.

Specifically, staff did not comply with the policy, "Hydration Management".

Rationale and Summary:

The Hydration Management policy directed registered staff to run the Fluid Report (look back report in Point Click Care (PCC)) for a three-day period to determine the total fluid intake for each resident. When a resident's total fluid intake was less than 1000 millilitres (mL) per day for three consecutive days, or there were multiple episodes of vomiting and/or diarrhea in a 24 hour period, the registered staff were to complete the "SIPS Program Assessment" and initiate the SIPS Program.

The PCC hydration look back report for a resident identified the resident consumed less than 1000 mL

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per day for three consecutive days on two occasions within the same month, and the SIPS program was not initiated.

The Registered Nurse (RN) confirmed that the SIPS program was to be initiated when the look back report identified less than 1000 mL of fluid per day for three consecutive days, however, they were not able to identify why the program was not initiated for the resident.

When the SIPS program was not initiated for the resident, as per the home's policy, it may have delayed implementation of strategies to improve the resident's hydration.

Sources: A resident's hydration look back report, progress notes, interview with RN, Hydration Management policy number D-11-02, last reviewed on December 6, 2022.

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WRITTEN NOTIFICATION: Infection prevention and control program**NC #004 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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary:

The IPAC Standard for Long-Term Care Homes indicated, under section 5.4, that the home's policies and procedures for their IPAC program address disease-specific management.

The Director of Resident Care (DRC), Infection Prevention and Control (IPAC) Lead, and registered staff identified that the home's policies and procedures for the IPAC program did not include a policy specific to the management of a specific infectious condition.

Registered staff interviewed had inconsistent responses for how they would approach and manage a resident presenting with the condition. Registered staff also varied in their responses for when the resident's physician and family would be notified of the condition.

Without a policy to direct staff in a consistent approach for identifying and managing the condition, it may have resulted in a delay in treatment and in notifying a resident's physician of their symptoms.

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Sources: Progress notes for a resident; interviews with the DRC, IPAC Lead, two RNs, and two RPNs.
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WRITTEN NOTIFICATION: Safe storage of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

The licensee failed to ensure that drugs were stored in an area or medication cart that was secure and locked.

Rationale and Summary:

The door to the medication room on the main floor was propped open and three medication carts inside the room were left unlocked. The Inspector was able to enter the room, open the drawers of the medication carts, and access resident medications inside the carts without staff noticing for an extended period. A Registered Practical Nurse acknowledged that they should have locked the medication carts or closed and locked the door to the medication room.

When medication rooms and carts are not kept locked and secured there is risk for residents to access and consume medications from the areas.

Sources: observations for a date in September 2023; interview with a RPN, and Administrator.
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