

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 17, 2021	2021_841679_0006	026089-20	Other

Licensee/Titulaire de permis

Huntsville Long Term Care Centre Inc.
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

Long-Term Care Home/Foyer de soins de longue durée

Muskoka Landing
65 Rogers Cove Drive Huntsville ON P1H 2L9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MICHELLE BERARDI (679)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): March 8-12, 2021.

The following intake was inspected during this Other Inspection:

- One intake regarding care concerns identified during a previous inspection (#2020_657681_0022), related to continence care and sufficient staffing.

Critical Incident System Inspection #2021_841679_0005 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Staff Educator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, COVID-19 screeners, and residents.

The Inspector also conducted a daily tour of resident care areas, observed infection prevention and control (IPAC) practices, the provision of care and services to residents, staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Sufficient Staffing**

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

3 WN(s)

3 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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. 2007, c. 8, s. 6 (9).**
 - 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
 - 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of toileting care for three residents was documented.

The home's policy titled "Resident Rights, Care and Services- Required Programs- Contenance Care and Bowel Management Program" required staff to ensure that accurate and timely documentation was completed in Point of Care (POC) related to different aspects of continence care. Inspector #679 reviewed the health care records for three residents, and identified missing documentation on several occasions related to continence care. In an interview with the Administrator, they confirmed it was the expectation that continence care was documented.

Sources: "Resident Rights, Care and Services- Required Programs- Contenance Care and Bowel Management Program" policy dated February 28, 2018; Electronic records including: POC documentation, care plans and the documentation survey report for three residents; Interviews with the Administrator and other staff. [s. 6. (9) 1.]

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 ensuring that the provision of care is documented, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing
Specifically failed to comply with the following:**

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that two residents were bathed, at a minimum, twice per week by the method of his or her choice.

a) A resident's care plan indicated they were to receive their scheduled bath twice per week. On one date, staff documented that the resident's bath was not provided due to specified circumstances. The Inspector did not identify documentation to indicate that the resident had received their bath/shower prior to their next scheduled date.

b) A resident's care plan indicated they were to receive their scheduled shower twice per week. On two dates, staff had documented that the resident's bath was not provided due to specified circumstances. The Inspector did not identify documentation to indicate that the resident had received their bath/shower prior to their next scheduled date.

In interviews with staff members, they indicated that when the home worked short staffed, residents were not always provided with their scheduled bath/shower. Together, the Inspector and Administrator reviewed the bathing documentation. The Administrator confirmed that residents were to be offered two baths/showers per week, and that the home had identified that there had been a gap in bathing.

Sources: "Resident Rights, Care and Services- Nursing and Personal Support Services- Bathing" policy dated September 16, 2013; Two resident's electronic medical records, including: care plan and progress notes; Documentation Survey Report; Interviews with the Administrator and other staff. [s. 33. (1)]

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 ensuring that residents are bathed, at a minimum, twice per week by the method of his or her choice, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

**s. 51. (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of his or
her plan of care, to promote and manage bowel and bladder continence based on
the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's continence plan was implemented.

A resident's care plan indicated they were incontinent of bowel and urine, and that their continence product was to be provided as per the resident's worksheet. In an interview with a Personal Support Worker (PSW) they indicated that the resident should have their continence product changed at specified times; however, this did not always occur because of staffing levels. In an interview with a Registered Practical Nurse (RPN), they indicated that the resident was assisted with continence care in the morning, and that if there was enough staff, the resident would be assisted as per their care plan. In an interview with the Administrator, they indicated that continence care should be provided upon rising, before/after meals and at bedtime, and that it was unacceptable for staff to indicate that the continence care did not always get completed.

Sources: "Resident Rights, Care and Services- Required Programs- Continence Care and Bowel Management- Program" last revised February 28, 2018; A resident's electronic medical records, including care plan; Interviews with the Administrator, and other staff. [s. 51. (2) (b)]

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 ensuring that each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder incontinence based on the assessment, and that the plan is implemented, to be implemented voluntarily.

Issued on this 18th day of March, 2021

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

Original report signed by the inspector.