

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

Original Public Report

Report Issue Date: February 20, 2024	
Inspection Number: 2024-1325-0001	
Inspection Type: Complaint	
Licensee: Huntsville Long Term Care Centre Inc.	
Long Term Care Home and City: Muskoka Landing, Huntsville	
Lead Inspector Tracy Muchmaker (690)	Inspector Digital Signature
Additional Inspector(s) Shannon Russell (692)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): January 15-19, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One intake, which was a complaint related to an allegation of neglect; and, • One intake, which was a complaint related to the care of a resident.
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The following **Inspection Protocols** were used during this inspection:

- Contenance Care
- Resident Care and Support Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Based on assessment of resident

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that care set out in a resident's plan of care was based on the needs and preferences of the resident.

Rationale and Summary

During the course of the inspection, a resident was observed to be wearing a specific type of clothing on multiple occasions, and at different times of the day. The resident's plan of care did not identify the resident's preferred type of clothing. The resident's plan of care also did not include information on the resident's preference or needs related to two other activities of daily living (ADLs).

Personal Support Worker (PSW) staff verified the resident's preferences and needs related to the ADLs and stated that they would refer to the plan of care for that information. Registered staff, and the Director of Care (DOC) verified that the plan of care should identify the resident's needs and preferences related to the ADLs.

The risk and impact to the resident was low as the resident was receiving the required assistance as per their preferences.

Sources: A complaint intake, observations of a resident; a resident's care plan and

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Point of Care (POC) documentation; the home's policy titled "LTC Bathing" last revised 21/06/2022; interviews with PSW staff, Registered staff, and the DOC. [690]

WRITTEN NOTIFICATION: Integration of assessments, care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (4) (b)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that staff and others involved in the different aspects of care of a resident, collaborated with each other in the development and implementation of the plan of care related to a specified ADL.

Rationale and Summary

A resident had refused care related to a specified ADL on four occasions in a six week period. There was no other documentation related to the resident's refusals in the plan of care, and no interventions in place for staff to address the refusals as Registered staff were not aware of the refusals.

A PSW stated that the resident would refuse assistance for the specified ADL at certain times, and that they should have reported the refusal to registered staff, but had forgotten. A Registered Nurse (RN) stated that they should have been made aware so that they could have involved the resident's substitute decision maker (SDM) and implemented interventions to ensure that the resident received their care.

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Sources: A complaint intake; a resident's Point of Care (POC) documentation and progress notes; interviews with a PSW; an RN, and the DOC. [690]

WRITTEN NOTIFICATION: Duty To Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure that a resident was protected from neglect by staff.

The Ontario Regulations (O. Reg.) 242/22, s. 7., defines neglect as, "the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents".

Rationale and Summary

A resident required an identified level of assistance to perform a specified ADL. The resident had reported that there had been occasions where they had to wait a period of time for assistance from staff to perform the ADL. The resident reported a time where they had been left waiting for a period of time, was uncomfortable and was not able to call for assistance. Despite the resident reporting the concerns, another similar incident was reported approximately three months later.

The Co-Director of Care (Co-DOC) and the Administrator indicated that the resident

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had submitted concerns regarding improper care on the two occasions, as they had not been provided with the care that they had required. They identified that the resident should not have been left for that length of time and without access to call for assistance.

There was a moderate impact and risk to the resident for the inaction of staff and the delay in them receiving the assistance and care that they required.

Sources: A complaint intake; a resident's health care records; the homes complaint log; the home's internal investigation notes; the home's policy titled, "LTC Abuse-Zero Tolerance Policy for Resident Abuse and Neglect", last revised May 7, 2022; and interviews a resident, and their SDM, direct care staff, and registered staff, the Co-DOC, and the Administrator. [692]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an allegation of neglect towards a resident by staff was reported immediately to the Director.

Rationale and Summary

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(a) On an identified date, a resident had reported to management that they had waited a period of time for staff to respond to them, after initiating their call bell to request assistance to perform an ADL. The Long-Term Care Home (LTCH) had not immediately reported the allegation to the Director.

(b) Approximately two months after the first incident occurred, the resident reported another similar incident to management, in which they waited a period of time for staff to respond to their request for assistance. The LTCH had not immediately reported the allegation to the Director.

The Co-DOC and the Administrator identified that all allegations of neglect and improper care of a resident by staff, were to be immediately reported to the Director.

There was low risk to the resident for not immediately reporting the allegations of resident neglect to the Director.

Sources: A complaint intake; a resident's health care records; the homes complaint log; the home's internal investigation notes; the home's policy titled, "LTC Abuse-Zero Tolerance Policy for Resident Abuse and Neglect", last revised May 7, 2022; and interviews a resident and their SDM, direct care and registered staff, the Co-DOC, and Administrator. [692]

WRITTEN NOTIFICATION: Bedtime and rest routines

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

Non-compliance with: O. Reg. 246/22, s. 45

Bedtime and rest routines

s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident's desired bedtime and rest routines supported and

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individualized to promote comfort, rest and sleep.

The licensee has failed to ensure that a resident's desired rest routines were supported to promote their rest and sleep.

Rationale and Summary

A resident had provided direction for staff to follow related to their preferred sleep and rest routine. The resident reported that on a number of occasions, staff did not follow the direction, and even after the resident's preferences were identified in the plan of care, there had been further incidents.

The Co-DOC and the Administrator indicated that the resident had reported the concerns and communicated their preferences; however, the resident continued to have concerns with staff not following their preferred sleep and rest routines.

There was a low impact and risk to the resident for their preference for rest routines not being supported by staff.

Sources: A complaint intake; a resident's health care records; the homes complaint log; the home's policy titled, "LTC Abuse-Zero Tolerance Policy for Resident Abuse and Neglect", last revised May 7, 2022; and interviews a resident, and their SDM, direct care and registered staff, the Co-DOC and Administrator. [692]