

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
hamiltondistrict.mlrc@ontario.ca

Original Public Report

Report Issue Date: November 16, 2022	
Inspection Number: 2022-1118-0001	
Inspection Type: Critical Incident System	
Licensee: Niagara Health System	
Long Term Care Home and City: Niagara Health System, Welland Hospital Site, Extended Care Unit, Welland	
Lead Inspector Stephanie Smith (740738)	Inspector Digital Signature
Additional Inspector(s) Jobby James (694267) was on-site during this inspection	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): October 24-28, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00006295-[CI: 2607-000001-22] related to fall and unsafe transfer of resident requiring transfer to hospital.
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The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

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Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (1)

The licensee has failed to ensure that there was a written plan of care for a resident that set out: (a) the planned care for the resident; (b) the goals the care is intended to achieve; and (c) clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

A resident was receiving a treatment for approximately two years between 2020 and 2022. The resident was referred for the treatment in 2020. Following the referral, the resident was provided treatment despite there being no written plan of care for it. A Registered Nurse (RN) verified that the resident was receiving this treatment and that the resident did not have a written plan of care, with specifications, for it. Additionally, the Long-Term Care Home's (LTCH) procedure: Adult, stated that the treatment required a practitioner's order or medical directive to administer, with specific parameters.

Failure of the home to ensure that the resident had a written plan of care, related to the treatment, with clear directions and specifications, could have led to an adverse event.

Sources: Resident's clinical record, interview with RN, and LTCH's procedure: Adult, dated February 2022.

[740738]

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 79/10, s. 50 (2) (a) (ii)

The licensee has failed to ensure that a resident received a skin assessment after a return from hospital.

Rationale and Summary

A resident experienced a fall and they sustained an injury as a result. The resident was transferred to hospital for assessment and treatment, then returned the same day with a dressing applied to the wound. Staff consulted with a wound care nurse regarding the wound, however, did not document a skin and wound assessment. An RN verified that upon the resident's return from hospital, there should have been a skin and wound assessment completed.

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By not ensuring that a skin and wound assessment was completed for the resident upon return from the hospital, the resident was at risk of further altered skin integrity.

Sources: Resident's clinical record, and interview with RN

[740738]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 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, stated under section 10.4 (h), that the Licensee shall ensure that the hand hygiene program also includes support for residents to perform hand hygiene prior to receiving meals.

During an observation on October 24, 2022, of the lunch meal in the East dining room of the Extended Care Unit, residents were not offered hand hygiene upon entering the dining room or prior to consuming their meals. Specifically, a resident was served their food and began consuming their meal without assistance to perform hand hygiene. Additionally, another resident was served their entree and was not provided assistance to perform hand hygiene prior to eating. On October 25, 2022, during an observation of the lunch meal in the East Corridor dining room of the Interim Long-Term Care Unit, two residents were observed entering the dining room, ordering their meal, and were not provided assistance with or offered assistance to perform hand hygiene before consuming their meals.

The IPAC Lead verified that the expectation is that hand hygiene is provided for residents before meals. The LTCH's policy, Hand Hygiene - Residents, dated October 2022, indicated that residents should perform hand hygiene before and after eating, and that support should be offered to those residents who may have difficulty in completing hand hygiene due to mobility, cognitive, or other impairments. Additionally, the home's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes (self-audit) conducted on October 17, 2022, indicated that hand hygiene for residents was an area of concern. The hand hygiene program was revised to include resident hand hygiene during mealtimes. On October 24, 2022, the LTCH conducted another self-audit and hand hygiene for residents remained an area of concern.

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Failure of the home to assist residents with hand hygiene prior to meals, could lead to increased risk for spread of infection.

Sources: Observations, interview with the IPAC lead, the LTCH's Hand Hygiene - Residents policy, dated October 2022, the LTCH's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes dated October 17 and 24, 2022, and the IPAC Standard, dated April 2022.

[740738]

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 79/10, s. 36

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- Educate RN on who is responsible and how to determine what size sling to use for a transfer via mechanical ceiling lift
- Perform weekly audits on transfers using mechanical lifts to ensure safe transferring and positioning techniques are used, for a minimum of four weeks, and until no concerns arise
- Document the audits and actions made based on audit results

Grounds

The licensee has failed to ensure that staff used safe transferring techniques when transferring a resident.

Rationale and Summary

A resident required staff assistance for transfers via mechanical lift. On a day in March 2022, Personal Support Workers (PSWs) #103 and #104 were transferring a resident via mechanical lift from their bed to their wheelchair. During the transfer, the resident fell from the lift and sustained an injury. PSW #103 indicated there may have been an improperly sized sling utilized during the transfer. This was noted in the post-fall assessment tool as a potential contributing factor to the fall. Staff interviews determined confusion about who was responsible for measurement of a resident to determine the appropriate sling size to use. The LTCH's internal investigation determined that PSWs #103 and #104 used unsafe transferring techniques. The Administrator confirmed that the resident was transferred in an unsafe manner, which resulted in the fall and subsequent injury.

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Failure of the home to ensure that staff utilized safe transferring and positioning techniques when transferring the resident, led to a fall with an injury. PSWs #103 and #104 no longer work in the home.

Sources: Interviews with the Administrator and other staff, the LTCH's investigation notes, and Critical Incident System (CIS) report 2607-00001-22.

[740738]

This order must be complied with by: February 22, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care

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438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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Ministry of Long-Term Care
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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.