

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

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| Report Issue Date: February 20, 2024 | |
| Inspection Number: 2024-1118-0001 | |
| Inspection Type: Proactive Compliance Inspection | |
| Licensee: Niagara Health System | |
| Long Term Care Home and City: Niagara Health System, Welland Hospital Site, Extended Care Unit, Welland | |
| Lead Inspector Nishy Francis (740873) | Inspector Digital Signature |
| Additional Inspector(s) Jonathan Conti (740882) | |

INSPECTION SUMMARY

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| <p>The inspection occurred onsite on the following date(s): January 22 - 26, 29 - 31, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00106818 - Proactive Compliance Inspection (PCI) for Niagara Health System. |
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services

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Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

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)

Non-compliance with: FLTCA, 2021, s. 65 (7) (a)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and

The licensee failed to ensure the obligation of when the home has no Family Council, that on an ongoing basis there was advisement to residents' families and persons of importance to residents of the right to establish a Family Council.

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Rationale and Summary

During observation of the whole home, including the resident and family communication board in the main hallway indicated there was no ongoing advisement for right to establish a Family Council.

The Administrator confirmed that there was no posting or ongoing communication in the year prior regarding rights for establishment of a Family Council in the home. The Administrator stated they would work with the Programs Manager to implement ongoing communication.

During a follow up observation of the main hallway resident and family communication board was made and there was a posted sign for families to contact the homes' Interim Programs Manager regarding the right to form a Family Council. Through follow up observations, the posting is ongoing and new communication memos were also noted at the front entrance and by the Program Managers office.

Sources: Observations; interviews with Administrator. [740882]

Date Remedy Implemented: January 31, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the long-term care home's policy to promote zero tolerance of abuse and neglect of residents was posted as per mandatory

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postings in the home.

Rationale and Summary

During the tour of the home, inspector observed that the policy to promote zero tolerance of abuse and neglect was not posted in an easily accessible location as per requirements. The Administrator confirmed that the policy was not posted.

On the same day, the Administrator advised the inspector that the policy to promote zero tolerance of abuse and neglect of residents was now on the front entrance board. Inspector conducted observations which confirmed the policy to promote zero tolerance of abuse and neglect was posted in an easily accessible location as per requirements.

Sources: Observation of the home for mandatory postings; interviews with Administrator. [740873]

Date Remedy Implemented: January 22, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (d)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that the explanation of the duty under section 28 to make mandatory reports was posted as per mandatory postings in the home.

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Rationale and Summary

During the tour of the home, inspector observed that the explanation of the duty under section 28 to make mandatory reports was not posted in an easily accessible location as per requirements. The Administrator confirmed that the policy was not posted.

On the same day, the Administrator advised the inspector that the explanation of the duty under section 28 to make mandatory reports was now on the front entrance board. Inspector conducted observations which confirmed the explanation of the duty under section 28 to make mandatory reports was posted in an easily accessible location as per requirements.

Sources: Observation of the home for mandatory postings; interview with the Administrator. [740873]

Date Remedy Implemented: January 22, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act included an explanation of the whistle-blowing protection.

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Rationale and Summary

During the tour of the home, inspector observed that the explanation of the whistle-blowing protection was not posted in an easily accessible location as per requirements. The Administrator confirmed that the explanation was not posted.

On the same day, the Administrator advised the inspector that the explanation of the whistle-blowing protection consistent with the requirements under the FLTCA was now on the front entrance board. Inspector conducted observations which confirmed the explanation of the whistle-blowing protection was posted in an easily accessible location as per requirements.

Sources: Observation of the home for mandatory postings; Interview with the Administrator. [740873]

Date Remedy Implemented: January 22, 2024

NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 2.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

2. The home's licence or approval, including any conditions or amendments, other than conditions that are imposed under the regulations or the conditions under subsection 104 (3) of the Act.

The licensee has failed to ensure that the homes temporary license for the operation of interim beds was posted in the home and communicated to residents under section 5 of the Act as required.

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Rationale and Summary

During the tour of the home, inspector observed that the homes temporary license for the operation of interim beds was not posted in the home and communicated to residents as per requirements. The Administrator confirmed this was not posted.

On the same day, the Administrator advised the inspector that the current version of the homes temporary license for the operation of interim beds was now posted and available in the front entrance as required. Inspector conducted observations which confirmed the homes temporary license for the operation of interim beds was posted in the home as per requirements.

Sources: Observation of the home for mandatory postings; Interview with the Administrator. [740873]

Date Remedy Implemented: January 26, 2024

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home and communicated to residents under section 5 of the Act as required.

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Rationale and Summary

During the tour of the home, inspector observed that the current version of the visitor policy was not posted in the home and communicated to residents as per requirements. The Administrator confirmed that the policy was not posted.

On the same day, the Administrator advised the inspector that the current version of the visitor policy was now posted and available in the front entrance as required. Inspector conducted observations which confirmed the current version of the visitor policy was posted in the home as per requirements.

Sources: Observation of the home for mandatory postings; Interview with the DOC. [740873]

Date Remedy Implemented: January 22, 2024

WRITTEN NOTIFICATION: Resident and Family/Caregiver

Experience Survey

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (1)

Resident and Family/Caregiver Experience Survey

s. 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The licensee failed to ensure that in 2023 a survey was taken of the families and caregivers of the residents to measure their experience with the home and the care, services, programs and goods provided at the home.

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Rationale and Summary

In May 2023, the residents' and their families were provided with the opportunity for feedback on the questions for the annual resident experience survey. During a multi-professional meeting, in which some family members were in attendance, information was provided that a draft version of the family/caregiver experience survey was made. In August 2023, the resident experience survey was distributed for the residents of the home, however no record of the family/caregiver experience survey being distributed.

The Administrator acknowledged that while it is an initiative for 2024, the family/caregiver experience survey for the year 2023 was not conducted, and only results from residents were obtained.

There was a potential risk for the residents' of the home regarding the care, services, programs, and goods provided to them when the residents' families and caregivers were not afforded the opportunity for feedback regarding areas of improvement through an annual family/caregiver experience survey.

Sources: 2023 meeting minutes; interview with Administrator. [740882]

**WRITTEN NOTIFICATION: Resident and Family/Caregiver
Experience Survey**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

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The licensee has failed to seek the advice of the Residents' Council (RC) in acting on the results of the 2023 Resident Experience Survey.

Rationale and Summary

A review of 2023 RC meeting minutes confirmed that while the home did seek the advice of the Council in carrying out the resident experience survey, the home did not follow up to seek the advice of the Council for acting on its results. As of the January 2024 RC meeting minutes, there was no advice provided by the RC due to the home not seeking it.

The Administrator acknowledged that the home did not seek the advice of the RC during the year 2023 regarding the results of the survey but would be providing the results at the February 2024 meeting. This was also confirmed by the Residents' Council representative.

There was potential risk and impact on the resident's experience with the home and the care, services, programs and goods provided at the home, when the Residents' Council was not sought for advice for acting on the results of the survey completed by the residents in 2023.

Sources: Residents' Council meeting minutes for 2023; interview with resident #001 and Administrator. [740882]

WRITTEN NOTIFICATION: Family Council

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

Family Council

s. 65 (7) If there is no Family Council, the licensee shall,

(b) convene semi-annual meetings to advise such persons of the right to establish a

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Family Council.

The licensee failed to ensure the obligation when the home has no Family Council, that they convened semi-annual meetings in 2023 to advise the residents' families and persons of importance to residents of the right to establish a Family Council.

Rationale and Summary

In May 2023, the home conducted a multi professional committee meeting that included advising the family members in attendance of the right to establish a Family Council. A tentative date was planned for a follow up meeting.

The Administrator acknowledged the home only convened one meeting for the year 2023 that would have advised families of the right to establish a Family Council in the home.

There was potential risk that families and persons of importance to the residents of the home may not have been aware of the right to establish a Family Council.

Sources: May 2023 meeting minutes; interview with Administrator; observations of homes communication boards. [740882]

WRITTEN NOTIFICATION: Menu Planning

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (2) (c) (iii)

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,
(c) is approved for nutritional adequacy by a registered dietitian who is a member of the staff of the home, and who must take into consideration,

(iii) current Dietary Reference Intakes (DRIs) relevant to the resident population. O.

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Reg. 246/22, s. 390 (1).

The licensee failed to ensure that, prior to being in effect, the Fall/Winter 2023 menu cycle was approved for nutritional adequacy by a registered dietitian (RD) who must take into consideration current Dietary Reference Intakes (DRIs) relevant to the resident population.

Rationale and Summary

The home's current Fall/Winter 2023 menu cycle was approved by RD #106 as of November 3, 2023. The tool that RD #106 used for menu approval and review stated that nutrient analysis is completed for the menu cycle by ensuring that average nutrient provision of menu cycle for key selected nutrients is compared to the DRIs for the predominant resident population. It also stated that the RD reviews the analysis and recommendations are indicated for aspects of the menu that do not meet DRIs for the resident population. For both sections, RD #106 marked the response as "no" and commented that "Menus reviewed based on CFG (Canada's Food guide) at this time".

The RD #106 confirmed that DRIs for the current menu cycle were not reviewed prior to being in effect due to no nutrient analysis software being available.

There is a risk that the current menu does not meet the current Dietary Reference Intakes for the home's population when DRIs were not considered during review for nutritional adequacy of the home's menu.

Sources: Interview with RD #106; the home's Fall/Winter 2023 menu; the dietitian's menu approval and review tool dated November 3, 2023. [740882]

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WRITTEN NOTIFICATION: Infection Prevention and Control

Program

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control (IPAC).

Rationale and Summary:

IPAC standard #3.1 (f) related to surveillance, directed the home to ensure that surveillance information was tracked and entered into the surveillance database and/or reporting tools.

The IPAC lead stated registered staff were to document resident symptoms on a document titled: monthly infection tracking sheet present in each nursing station. The IPAC lead would review this data at the end of the month and conduct monthly surveillance tracking. The home's IPAC policy directed registered staff to participate in infection surveillance and tracking.

The IPAC lead stated the home's staff would document symptoms on the electronic health record and forget to document symptoms on the monthly infection tracking sheet. The IPAC lead stated this prevented the completion of monthly surveillance tracking for November 2023 and December 2023.

Failure to utilize a surveillance reporting tool to collect and collate surveillance data is a risk to the home for early identification and management of resident infections.

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Sources: IPAC Policy, monthly infection tracking sheets; interview with IPAC lead.
[740873]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
 - iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee failed to ensure that their continuous quality improvement (CQI) initiative report contained the written record of the date their resident and family/caregiver experience surveys were taken during the fiscal year.

Rationale and Summary

On review of the home's CQI initiative report available on their website as well as provided by the Administrator, a written record of required information was not included. The CQI initiative report did not include the date in which their resident and family/caregiver experience surveys were taken, the results of those surveys,

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or how and the dates when it was communicated to the residents and their families, Residents' Council, and staff of the home during the fiscal year.

The Administrator of the home acknowledged that the survey dates, results of the survey, and dates of when the survey results were shared were not written in the report.

Sources: Home's CQI initiative report; review of website; interview with Administrator. [740882]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (3)

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that the Residents' Council was provided with a copy of the continuous quality improvement (CQI) initiative report for the fiscal year of 2022-2023.

Rationale and Summary

A review of the 2023 Residents' Council (RC) meeting minutes was completed and no confirmation that a copy of the CQI report was provided to the residents of the home. Observations in the home indicated that the report was not posted for resident or family review.

Interview with a RC representative indicated they were not made aware of CQI

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report results nor provided with a copy in 2023 during the meetings. The Administrator acknowledged that a copy of the CQI report was not provided to the RC in 2023.

By the home failing to provide the RC with a copy of the most recent CQI report, there was potential for the residents not being informed on the homes' identified areas of improvement.

Sources: Interviews with resident #001 and Administrator; meeting minutes for RC 2023; observation of home's communication boards. [740882]