

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: September 9, 2024

Inspection Number: 2024-1517-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: North Renfrew Long-Term Care Services Inc.

Long Term Care Home and City: North Renfrew Long-Term Care Services, Deep River

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 27, 28, 29, 30, 2024 and September 3, 4, 5, 6, 9, 2024

The following intake(s) were inspected:

- Intake: #00124691 - PCI

The following Inspection Protocols were used during this inspection:

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

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Staffing, Training and Care Standards
Residents' Rights and Choices
Pain 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: 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 visitor policy was posted in the home but posted it in the home prior to the inspectors leaving the home.

Sources: Inspector observations, interview with Manager of Resident Services.

Date Remedy Implemented: August 28, 2024

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

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.

The licensee has failed to ensure that baths are documented when completed as per the written plan of care for two residents.

Sources: Written plan of care for two residents, homes bath schedule, homes documentation of baths given, interview with PSW's and Manager of Resident Services.

WRITTEN NOTIFICATION: Resident and Family Care Giver Experience Survey

NC #003 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.

The licensee has failed to ensure that they sought advised of the Residents Council in carrying out the satisfaction survey and in acting on its results.

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Sources: Resident Council minutes, interview with a member of Resident council.

WRITTEN NOTIFICATION: Licensee obligation if no Family Council

NC #004 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 Family Council.

The licensee has failed to ensure that they conduct semi-annual meetings to advise families of the right to establish a Family Council.

Sources: Review of homes family meeting minutes, interview with the Manager of Resident Services.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 4.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

4. Any locks on bedrooms, washrooms, toilet or shower rooms must be designed

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

and maintained so they can be readily released from the outside in an emergency.

The licensee has failed to ensure that a locking mechanism on a resident room door is to be designed and maintained so that it can be readily released from the outside in an emergency.

Sources: Inspector observations, a residents written plan of care, interview with a PSW, Manager of Resident Services and other staff.

WRITTEN NOTIFICATION: Safe and Secure Home-Windows

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The license has failed to ensure that a resident room window, that opens to the outside and is accessible to residents, was able to be opened to 73 cm and not the required 15 cm maximum.

Sources: Inspector observations, and interview with Manager of Resident Services.

WRITTEN NOTIFICATION: Cooling requirements-Heat related Illness

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

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

Non-compliance with: O. Reg. 246/22, s. 23 (2) (a)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response;

The licensee has failed to ensure that their heat related illness plan identifies specific risk factors that may lead to heat related illness.

Sources: Homes heat related illness policy, interview with Manager of resident Services.

WRITTEN NOTIFICATION: Cooling Requirements-Heat Related Illness

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

Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

The licensee has failed to ensure that their heat related illness procedure include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, SDM, visitors, the Residents/family councils.

Sources: Review of homes heat related illness policy, Review of Resident Council minutes, and interview with Manager of Resident Services.

WRITTEN NOTIFICATION: Air Temperatures

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the air temperature measured shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Sources: Homes Air temperature logs, interview with Building Maintenance lead and Manager of Resident Services.

WRITTEN NOTIFICATION: General Requirements

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee has failed to ensure that the Skin and Wound Care program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Sources: Skin and Wound Care program policy/procedures, Interview with Director of Care.

The licensee has failed to ensure that the Pain Management program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Sources: Pain Management program policy/procedures, Interview with Director of Care.

WRITTEN NOTIFICATION: General Requirements

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Sources: Interview with Director of Care and record review.

The licensee has failed to ensure a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Sources: Interview with Director of Care and record review.

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

WRITTEN NOTIFICATION: Continence

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (h) (v)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(h) residents are provided with a range of continence care products that,

(v) are appropriate for the time of day, and for the individual resident's type of incontinence.

The licensee has failed to ensure that continence products are appropriate for a resident's continence care.

Sources: A resident's written plan of care, interview with a PSW and Manager of Resident Services.

WRITTEN NOTIFICATION: Menu Planning

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

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

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle,

(a) is reviewed by the Residents' Council for the home;

The licensee has failed to ensure that the menu for each cycle is reviewed by Residents Council of the home prior to it being in effect.

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Sources: Resident council meeting minutes, interview with VP of Resident Council, interview with Dietary Manager and other staff.

WRITTEN NOTIFICATION: Menu Planning

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Menu planning

s. 77 (2) The licensee shall ensure that, prior to being in effect, each menu cycle, (b) is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home; and

The licensee has failed to shall ensure that, prior to being in effect, each menu cycle is evaluated by, at a minimum, the nutrition manager and registered dietitian who are members of the staff of the home.

Sources: Spring/Summer Tool for Menu Review and Approval, Interview with Dietary Manager.

WRITTEN NOTIFICATION: Menu Planning

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (3)

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Menu planning

s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246/22, s. 390 (1).

The licensee has failed to ensure that a written record is kept of the evaluation under clause (2) (b) that includes a summary of the changes made and the date that the changes were implemented.

Sources: Spring/Summer 2024 Tool for Menu and Approval, Resident Council Meeting Minutes, observations and interviews with Dietary Manager.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

3. The home's Medical Director.

The licensee has failed to ensure that the homes Medical Director is a member of the CQI committee.

Sources: CQI minutes, interview with Administrator.

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the home's registered dietitian is a member of the Continuous Quality Improvement (CQI) committee.

Sources: CQI minutes, interview with Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the home's pharmacy service provider or pharmacist is a member of the Continuous Quality Improvement (CQI) committee.

Sources: CQI minutes, interview with Administrator.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #019 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that a member of Resident's Council is a member of the CQI committee.

Sources: CQI minutes, interview with Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

NC #020 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that a report was prepared on the continuous quality improvement initiative, three months after the fiscal year and that it was posted on the homes website.

Sources: Review of homes website, interview with Administrator.