

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: November 28, 2023

Inspection Number: 2023-1286-0006

Inspection Type:

Proactive Compliance Inspection

Licensee: Land O'Lakes Community Services

Long Term Care Home and City: Pine Meadow Nursing Home, Northbrook

Lead Inspector

Stephanie Fitzgerald (741726)

Inspector Digital Signature

Additional Inspector(s)

Polly Gray-Pattemore (740790)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 8-10, 14-16, 20-22, 2023

The following intake(s) were inspected:

- Intake: #00100974 - Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Residents' and Family Councils

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Food, Nutrition and Hydration
Infection Prevention and Control
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. 85 (3) (c)

Posting of information

Required 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 policy to promote zero tolerance of abuse and neglect of residents, was posted in the Long Term Care Home (LTCH).

Rationale & Summary

While conducting a tour of the home on November 08th, 2023, Inspector #741726

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observed that the policy to promote zero tolerance of abuse and neglect was not located on the board where the other mandatory policies were posted, or anywhere within the LTCH.

During an interview with Program Manager #101, and Administrator #100, it was confirmed that the policy was not on the board or anywhere else in the home.

The Administrator posted the policy on the policy board immediately following the interview, on November 08th, 2023, and it was observed by the Inspector.

By not ensuring that policy is posted staff, visitors and residents may not be aware of the policy.

Date Remedy Implemented: November 08th, 2023.

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

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

Posting of information

Required 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 an explanation of the duty under section 28 to make mandatory reports, was posted in the LTCH.

Rationale & Summary

While conducting a tour of the home on November 08th, 2023, Inspector #741726 observed that the that an explanation of the duty under section 28 to make mandatory reports, was not located on the board where the other mandatory policies were posted, or anywhere within the LTCH.

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During an interview with Program Manager #101, and Administrator #100, it was confirmed that the policy was not on the board or posted anywhere else in the home.

During an additional observation on November 16th, 2023, the explanation of the duty under section 28, to make mandatory reports, was observed to be posted on the policy board.

By not ensuring that that an explanation of the duty under section 28 to make mandatory reports is posted, staff, visitors and residents may not be aware of the policy.

Date Remedy Implemented: November 16th, 2023.

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

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (i)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(i) that is used exclusively for drugs and drug-related supplies,

The licensee failed to ensure that drugs are stored in an area or a medication cart that is used exclusively for drugs and drug-related supplies.

Rationale and Summary:

On November 20th, 2023, Inspector #740790 observed two beer bottles in a medication fridge, that was located in the Rose medication room. During an interview with staff #116, they acknowledged that the beer should be stored separate from the medications, and the medication fridge used only for medications.

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Post observation, DOC #115 confirmed that the beer should be stored separate from the medications.

Review of the licensee's pharmacy policy & procedure indicates that food and specimens must not be kept in the refrigerator where medications are stored.

On November 21st, 2023, Inspector #740790 observed that the two beer bottles were removed from the medication fridge.

Date Remedy Implemented: November 21st, 2023

NC #004 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 LTCH.

Rationale & Summary

While conducting a tour of the home on November 08th, 2023, Inspector #741726 observed that the the current version of the visitor policy, was not located on the board where the other mandatory policies were posted, or anywhere within the LTCH.

During an interview with Program Manager #101, and Administrator #100, it was confirmed that the policy was not on the board or posted anywhere else in the

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home.

During an additional observation on November 16th, 2023, the visitor policy was observed to be posted on the policy board.

By not ensuring that the current version of the visitor policy is posted, staff, visitors and residents may not be aware of the policy.

Date Remedy Implemented: November 16th, 2023

WRITTEN NOTIFICATION: Plan of care

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

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

Plan of care

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

- (a) the planned care for the resident;
- (b) the goals the care is intended to achieve;
- (c) clear directions to staff and others who provide direct care to the resident; and
- (d) any other requirements provided for in the regulations.

The licensee failed to ensure that there was a written plan of care for a resident that set out:

1. the planned care for the resident
2. the goals the care is intended to achieve;
3. clear directions to staff and others who provide direct care to the resident.

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Rationale & Summary

A review of the resident's written plan of care and kardex, showed there was no documented planned care or goals, related to personal support, such as toileting, dressing, transferring, bathing, or mobility for the resident.

During interviews with Administrator #100 and PSW #114, it was confirmed that the expectation of direct care staff, is to refer to the written plan of care for clear direction related to a resident's care needs.

During interviews with Administrator #100 and PSW #114, it was confirmed that for the resident, the written plan of care did not set out; the planned care for the resident; the goals the care is intended to achieve; and did not provide clear directions to staff and others who provide direct care to the resident.

When staff do not have access to a written plan of care that sets out the planned care for the resident, the goals the care is intended to achieve; and clear directions to staff who provide direct care, this places the resident at risk of not receiving their planned care.

Sources: Resident's electronic plan of care and Kardex, interviews with Administrator #100 and PSW #114. [741726]

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian

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who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that their written policy related to nutritional care and dietary services is complied with. Specifically, staff did not comply with the Temperatures of Food at Point of Service Procedure, Policy Number NC-07-01-03, step three, Record the temperature on the Food Temperature Record.

Rationale & Summary

On November 09th, 2023, during an observation of the lunch meal service, Inspector reviewed a binder which included point of service food temperature records for the East Dining Room. The records were noted to include various food items for breakfast, lunch, and dinner on different dates and provided a column for temperatures of each item to be written down. There were 62 meal service's between the dates of October 9th, 2023 to November 9th, 2023, where there were no temperature recordings.

During interviews with Food Service Worker (FSW) #108 and Dietary Supervisor #107, it was confirmed that the process is for the cook to record temperatures for each dish, at each dining service, in the logbook, at point of service. The Dietary Supervisor further acknowledged the temperature records from October 9th, 2023 to November 9th, 2023, did not have temperatures listed, confirming the procedure was not followed according to policy.

When the written procedure in relation to food temperatures at point of service was not complied with, residents are at risk of illness or injury.

Sources: Temperatures of Food at Point of Service Policy #NC-07-01-03, Point of Service Food Temperature Records from October 9th, 2023 – November 9th, 2023, interviews with FSW #108 and Dietary Supervisor #109. [741726]

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WRITTEN NOTIFICATION: Registered dietitian

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

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The licensee has failed to ensure the Registered Dietician is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

Rationale & Summary

A review of review of electronic correspondence from September 18th, 2023, between contracted provider #112 and Administrator #100 indicates registered dietitian services were being provided virtually, as there was no on-site dietitian available.

In email correspondence received on November 13th, 2023, from contracted provider #112 to Inspector, it was confirmed a dietitian was only able to be onsite for one visit, on November 1st, 2023. It was also confirmed they did not have a dietitian for onsite coverage between September 9th, 2024 and November 9th, 2023, outside of that one visit.

Interviews completed with administrator #100 and dietary supervisor #107, confirmed the current contract is for the dietitian to attend the home monthly. Administrator #100 confirmed presently the dietitian is not on site for a minimum of 30 minutes per resident.

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When there is no consistent registered dietitian available, clinical and nutritional care duties become compromised, placing the health, safety, and wellbeing of residents at risk.

Sources: e-Correspondence from contracted provider #112 dated September 13th, 2023 and November 13th, 2023; Interviews with Administrator #100 and dietary supervisor #107. [741726]

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure disinfection of tubs in accordance with manufacturer's specifications.

Rationale and Summary:

During an interview with PSW #105, they acknowledged that they disinfect the tub after each resident bath with contact time of anywhere from two to five minutes. During an interview with IPAC Lead #102, they acknowledged that the Arjo General Purpose Disinfectant contact time for the resident tub is ten minutes between resident baths.

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Review of the tub manufacturer's instructions indicated that thorough disinfection routines are necessary to stop the build-up of bacteria on and in the equipment, this particularly vital in cases where the System 2000 bath is in a shared facility and allow an appropriate contact time of the disinfectant according to the instructions on the bottle. Review of the Arjo General Purpose Disinfectant instructions on the bottle indicated treated surfaces are to remain wet for ten minutes. Review of the licensee's Tubs and Showers policy and procedure indicated to be familiar with and follow the manufacturer's recommended method for cleaning and disinfecting, follow the required contact times for chemicals to work effectively, and clean and disinfect the tub/shower after each use.

During an observation of the rose tub room with Maintenance Supervisor #109 and IPAC Lead #102, Maintenance Supervisor #109 called their Arjo representative who confirmed that the disinfectant contact time was ten minutes between resident baths. IPAC Lead #102 reviewed the Arjo General Purpose Disinfectant instructions on the bottle and confirmed disinfectant contact time 10 minutes. IPAC Lead #102 acknowledged that a sign posted in the tub room titled 'Tubs and Tub Lifts are Cleaned and Disinfected in Between Use' with a five minute contact time was incorrect and contact time should be ten minutes.

By not ensuring that disinfection of tubs in accordance with manufacturer's specifications, the residents were at increased risk of infection.

Sources: interview with PSW #105, Maintenance Supervisor #109, and IPAC Lead #102; Extendicare Tubs and Showers Policy and Procedure, last reviewed January 2023, page 1 of 2; Cleaning and Disinfection Instructions for the System 2000 Bath, page 40-49; and posted sign titled 'Tubs and Tub Lifts are Cleaned and Disinfected in Between Use'. [740790]

WRITTEN NOTIFICATION: Infection prevention and control

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program.

NC #009 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 ensure they implemented any standard or protocol issued by the Director with respect to infection prevention and control, specifically the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, 10.1 indicates that the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

Rationale and Summary:

During observations on November 8th, 2023, of the Teal resident unit, which had a respiratory outbreak, Inspector #749790 observed that there was Isagel ethyl alcohol no rinse antiseptic gel 60% alcohol in use throughout the unit, including at the entrance of rooms where residents were placed on additional precautions. During observations on November 16th, 2023, Inspector #740790 observed in the Teal dining room that there was Isagel ethyl alcohol no rinse antiseptic gel 60% alcohol on a small dining room table.

During the review of an email, dated October 24th, 2023, from a representative of Medline to IPAC Lead #102, indicated that they asked customer service to return the Isogel and requested the IPAC Lead #102 order the Medline Spectrum Foam 70% Hand Sanitizer (HS).

During an interview with IPAC Lead #102, they acknowledged that on October 23rd, 2023, they were informed by their Medline representative that the Isogel hand

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sanitizer (HS) alcohol content was 60% and that on October 24th, 2023 the Medline representative recommended they order Medline Spectrum Foam 70% HS. IPAC Lead #102, indicated that they ordered the recommended HS and the new order arrived either November the 3rd or 6th. They acknowledged that they didn't remove the Isagel ethyl alcohol no rinse antiseptic gel 60%, indicated they have been ordering the Isagel ethyl alcohol no rinse antiseptic gel 60% since February 2023 and unaware that its alcohol content was 60%.

By not ensuring that the hand hygiene program includes access to hand hygiene agents, including 70-90% ABHR, there was moderate risk to the residents of health care-associated infections.

Sources: Observations of November 8th and 16th, 2023; interview with IPAC Lead #102; and Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022. [740790]