

Amended Order(s) of the Director (A2)

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Lynne Haves
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	017479-20, 020322-20, 022234-20
Original Inspection #:	2020_583117_0016
Licensee:	United Counties of Prescott and Russell 59 Court Street, Box 304, L'original, ON, K0B-1K0
LTC Home:	Residence Prescott et Russell 1020 Cartier Boulevard, Hawkesbury, ON, K6A-1W7
Name of Administrator:	Alexandre Gorman

Background:	
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Ministry of Long-Term Care (MLTC) Inspectors #117 and #211 conducted a complaint inspection at Residence Prescott et Russell (the Home) on the following dates: onsite – September 24, 25, 28, 29, 30, October 1, 2, 5, 6, 7, 8, 9, 19, 20, 24, 29, November 9, 12, offsite – October 13, 14, 15, 16, 21, 22, 26, 27, 28, 30, November 2, 3, 4, 5, 6, 10, 16, 17, 18, 19, 2020.

Intake logs (#017479-20, #020322-20, and #022234-20) were inspected during this complaint inspection.

Among other findings, the Inspectors determined that the Licensee, Residence Prescott et Russell (the Licensee), failed to comply with s. 6(4) of the Long-Term Care Homes Act, 2007 (LTCHA) and s. 31(3)(d) of Ontario Regulation 79/10 (Regulation) under the LTCHA.

Pursuant to s.153(1)(a) of the LTCHA, the Inspector issued the following compliance orders for each of the non-compliance findings:

Compliance Order #001 was issued for non-compliance with s.31(3)(d) of the Regulation and reads as follows:

“The licensee shall ensure that the home’s staffing plan includes a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work by completing the following:
 1. Continue with ongoing staff recruitment activities to ensure that there are enough registered nursing and PSW staff to address situations when staff cannot come to work and that regularly scheduled staff work without having to do double shifts on a regular basis
 2. Re-evaluate the home’s back-up staffing plan on a regular basis to ensure that there are enough staff to addresses situations when staff cannot come to work and for management of outbreak situations.”

Compliance Order #004 was issued for non-compliance with s.6(4) of the LTCHA and reads as follows:

“The licensee must be compliant with the LTCHA s. 6(4)

The licensee shall:

1. Ensure that the staff and physiotherapy services, collaborate with each other in the re-assessment, development and implementation of resident #001, #012 and #013’s plan of care related pain and physiotherapy as to include alternatives to physiotherapy exercises when physiotherapy services are not available in the LTC home, such as during a COVID-19 outbreak.
2. Ensure that the provision of these alternatives to physiotherapy services and their effectiveness in pain relief are documented.
3. Document the review and revision of the residents’ plan of care when there are no physiotherapy services, what alternatives are being provided, and the resident’s response to these services.”

Order #:	004
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To **United Counties of Prescott and Russell**, you are hereby required to comply with the following order by the date set out below:

Pursuant To:
 LTCHA, 2007 S.O. 2007, c.8, s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Order:
 The licensee must be compliant with s. 6(7) of the LTCHA.
 The licensee must ensure that the care set out in the plan of care for residents #001, #012, and #013 and any other resident is provided as specified in the plan.
 Specifically, the licensee must provide modified care or alternate care when physiotherapy services may not be provided due to absences of physiotherapists or a COVID-19 outbreak.

Grounds:
 The licensee failed to ensure that residents #001, #012 and #013 be provided

with physiotherapy services as specified in their plan of care.

Resident #001, #012 and #013 have identified medical conditions.

Resident #001's plan of care identifies that the resident is to have physiotherapy services four (4) times per week. As per documentation and the resident, they did not receive therapy services on (7) times in August 2020, as well as (4) times in September 2020.

Resident #012's plan of care identifies that the resident is to have physiotherapy services five (5) times per week. As per documentation, the resident did not receive therapy (six) times in August.

Resident #013's plan of care identifies that the resident is to have physiotherapy services five (5) times per week. As per documentation and the resident, they did not receive therapy on (5) times in August.

PTA # 110 and #111 stated that residents #001, #012 and #013 had not received physiotherapy services as either one or the other were not available to provide physiotherapy services on specified days in August and in September 2020. No arrangements were made to ensure that the residents receive their therapy when either one or the other PTA are not available. As such, the residents were not provided with physiotherapy services to help maintain their strength and range of motion as per their plans of care.

A COVID-19 outbreak was declared on October 9, 2020, and as a result, the home suspended physiotherapy services from October 9, 2020 to November 12, 2020. Services were to resume on November 13, 2020.

In an email from the Administrator, they stated that physiotherapy services had been suspended on November 18, 2020, as a result of a COVID-19 positive case in the home.

Resident #001 reported having increased pain since the suspension of the physiotherapy services.

Resident #012 and #013 reported generalized discomfort since the suspension of physiotherapy services. No alternatives to physiotherapy services had been provided to resident #001, #012, and #013 since the start of the COVID-19 outbreak.

The physician stated that they were unaware that the home had suspended physiotherapy services during the COVID-19 outbreak. The physician indicated that "nothing replaces physical treatment to maintain a resident's mobility and range of motion". They further recommended that the physiotherapist share basic physiotherapy exercises with PSW's and registered staff which could be completed during resident care.

Resident #001 confirmed that the staff do assist with general movement, when asked.

Resident #001's progress note showed that resident #001 had requested physiotherapy and exercises.

PSW #103 provided exercises for resident #001, and PSW #155 applied lotion. These actions were not documented in the progress notes.

PTA #110 stated that non-physio staff could perform basic physiotherapy

exercises on residents. They could do general exercises when repositioning the residents during care. There were no exercise entries in the progress notes.

Resident #001 informed registered nursing staff and EMS staff of their pain.

Medication was offered but Resident #001 refused. The resident said they felt that the medication would not be as effective as doing a range of motion exercises. The resident said that they had asked a few specific PSW staff members to do some range of motion exercises, and on a few occasions, asked them to apply a medicated cream.

PSW #103 and #111 confirmed that the resident asked them to do some range of motion exercises and that these were done, when asked by the resident. PSW #155 said that they had applied medicated cream to the resident's limbs, when requested by the resident. All three PSWs said that they had not regularly informed registered nursing staff that they had provided range of motion exercises to the resident and or that they had applied medicated cream to the resident's limbs.

RPN #104, #176, #182, and RN #164 reported to the inspector and documented in the progress notes that Resident #001 had informed them on a few occasions of having pain and had inquired about accessing physiotherapy services. They said that they had offered pain medication to the resident, which the resident had refused and had informed the resident that therapy services were not available during the outbreak. All said that they had not assessed why the resident was inquiring about accessing therapy services or sufficient alternatives that could be provided.

The home's administrator and ADOC #117 said that they contacted resident #001's family member for several weeks regarding the availability of physiotherapy and range of motion exercises for the resident during the COVID-19 outbreak. These concerns were brought forward by the administrator and ADOC to the unit's registered nursing staff's attention. As per the administrator and ADOC, the nursing and PSW staff were aware that if the resident expressed a need for exercises, these could be provided depending on staff workload due to the COVID-19 outbreak. The exercises were not provided on a consistent basis as identified in the plan of care. Resident #012 and #013 also confirmed the suspension of physiotherapy services. Both residents explained that staff would assist with repositioning, when asked. There was no alternate plan for physiotherapy services.

This order must be complied with by: March 12, 2021 (A2)

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
Toronto ON M5S 2B1
Fax: 416-327-7603

Health Services Appeal and Review Board and the
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

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

Issued on this 17th day of February, 2021	
Signature of Director:	
Name of Director:	Lynne Haves