

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Operations Division  
Long-Term Care Inspections Branch**

**Division des opérations relatives aux  
soins de longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 17, 2021	2021_768693_0022	013114-21, 016134-21	Complaint

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**Licensee/Titulaire de permis**

Board of Management of the District of Kenora  
1220 Valley Drive Kenora ON P9N 2W7

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**Long-Term Care Home/Foyer de soins de longue durée**

Princess Court  
Princess Street Box 725 Dryden ON P8N 2Z4

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MELISSA HAMILTON (693)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): Noember 1 to 3 2021.**

**The following intakes were inspected upon during this Complaint Inspection:**

- One intake related to alleged abuse; and**
- One intake related to concerns regarding nutrition, hydration and alleged neglect.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Nurse Practitioner (NP), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and a Housekeeper.**

**The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed Infection Prevention and Control (IPAC) practices, reviewed relevant health care records, reviewed the home's internal investigation notes, and reviewed licensee policies and procedures.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**3 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that, where Ontario Regulation (O. Reg.) 79/10 required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the policy was complied with.

In accordance with O. Reg. 79/10, s. 68 (2) (a), the licensee was required to have written policies and procedures developed and implemented for nutrition care, dietary services and hydration, and (b) to ensure a system was in place to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

A complaint was submitted to the Director, regarding concerns related to the care of a resident, specifically concerning dehydration and neglect.

a) The home's policy, titled "Weighing Residents, NUR 405", last updated in July 2021, indicated that when a resident was weighed the staff were to check the previous weight for the resident and if the weight had increased or decreased more than two kilograms, the staff were to immediately have reweighed the resident and notified the registrant.

A resident's weight was documented in August, 2021, and there was no weight recorded for September, 2021.

The Director of Care (DOC) provided a document titled "Monthly Weights" that indicated that the resident was weighed in September, but since this weight was a change of two kg or more, the staff should have reweighed the resident to confirm the weight change and record the weight. The DOC indicated that this weight was not put into the resident's electronic file, and the resident was not reweighed so the Registered Dietitian (RD) would not have been alerted of this weight.

b) The home's policy, titled "Hydration, DTY-250", last reviewed in January 2021, indicated that each resident was to be provided with a minimum of 1500 (ml) millilitres of fluids per 24 hour period, and that any variations were to be assessed by the RD and documented in the resident's electronic chart. In addition, the home's policy, titled "Nutrition Resident Care, NUR 135", last updated in June 2021, indicated that designated staff recorded resident's fluid intakes at meals, and at morning, afternoon, and evening nourishment. The Registrant was responsible to have ensured completeness of the record, accuracy of resident fluid intake tabulations and referral to the Dietitian if intakes did not meet goals.

The DOC and Inspector reviewed a resident's documented fluid intake, for a time period, and identified that there were a number days in which the resident's fluid intake was below the minimum daily fluid requirements.

The RD indicated that the resident's daily fluid intake was documented as lower than their fluid requirements for a time period, and the RD had never been notified of this or referred to assess the resident, related to their fluid intake. The DOC indicated that the home's policies were not followed as the Registrant did not ensure that the resident's fluid intake met their goals, and a referral to the RD was not completed.

Sources: A complaint submitted to the Director; a resident's care plans; a resident's recorded weights, a resident's progress notes; a resident's fluid intake tabulations; policies titled, "Weighing Residents, NUR 405" (dated, November 2021), "Hydration, DTY-250", (dated, January 2021), and "Nutrition Resident Care, NUR 135" (dated, June 2021); interviews with the RD, DOC, and other relevant staff members. [s. 8. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where the Act or Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system, is complied with, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect**

**Specifically failed to comply with the following:**

**s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that a resident was protected from emotional abuse by a Registered Practical Nurse.

Ontario Regulation (O. Reg.) 79/10, s. 2 (1), defined emotional abuse as any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident.

An RPN and Personal Support Worker (PSW) staff were assisting a resident, with a bath, during which the resident exhibited responsive behaviours. The RPN performed an action and told the other staff members this is what they did when the resident exhibited these behaviours. The RPN and a PSW indicated that the action made the resident upset and intimidated the resident.

The RPN indicated they performed the action on purpose to try to calm them down, and that there were other interventions that would have been more appropriate to manage the resident's behaviours.

Sources: A complaint submitted to the Director; an RPN's employee file; the home's investigation file; a resident's care plan; policy titled, "Zero Tolerance of Abuse and/or Neglect, ADM-450" (dated, November 2020); interviews with an RPN, PSWs, and the Director of Care. [s. 19. (1)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are protected from abuse by anyone and that residents are not neglected by the licensee or staff, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

**Specifically failed to comply with the following:**

**s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:**

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that emotional abuse of a resident was immediately reported the to the Director.

An RPN assisted a resident with a bath and preformed an action, when the resident exhibited responsive behaviours.

The DOC indicated that the incident could have intimidated the resident and the emotional abuse was not reported to the Director.

Sources: A complaint submitted to the Director; RPN #104's employee file; the home's investigation file; resident #001's care plan; policy titled, "Zero Tolerance of Abuse and/or Neglect, ADM-450" (dated, November 2020); interviews with RPN #104, PSW #105, PSW #106, and the Director of Care. [s. 24. (1)]



***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that a person who has reasonable grounds to suspect that abuse of a resident by anyone has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.***

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**Issued on this 18th day of November, 2021**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**