

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 26, 2021	2021_754764_0008	003833-20, 013876- 20, 018555-20, 023969-20, 025567- 20, 003970-21	Critical Incident System

Licensee/Titulaire de permis

Unity Health Toronto
3276 St. Clair Avenue East Toronto ON M1L 1W1

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

Providence Healthcare
3276 St. Clair Avenue East Scarborough ON M1L 1W1

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

NAZILA AFGHANI (764), IANA MOLOGUINA (763)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 24, 25, 26, 29, 30, 31 and April 1, 6, 7 and 8, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #003970-21, Log #025567-20, Log #023969-20, Log #018555-20, Log #013876-20 related to falls prevention and management; and Log #003833-20 related to improper care.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Resident Care (DRC), Clinical Informatics Specialist, Operations Leader, Dietary Aide, General Maintenance, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Physiotherapist (PT), Resident Assistants (RAs), Screener, Private Care Giver and Residents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Pain

Personal Support Services

Skin and Wound Care

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. 15. Bed rails

Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that where bed rails were used, steps were taken to prevent one resident's entrapment.

The resident was found by staff between the side rail and headboard, and was helped to the floor. A head to toe assessment, showed resident sustained an injury. According to RN #109's documentation, the injury resulted from the resident attempting to get out of bed between the bed rail and the head of the bed.

Review of Health Canada Guidance Document with effective date March 17, 2008, Appendix E- Adult Hospital Beds: Patient Entrapment Hazards, side rail latching Reliability, and other hazards indicated a resident could become entrapped between the side rail and head or foot board.

An annual bed entrapment audit before incident, showed the resident's bed failed the entrapment assessment. No documented interventions were performed to prevent the resident from becoming entrapped.

During interview with DRC, they agreed that there was a risk for resident's safety, but no documented actions were taken to prevent the resident from becoming entrapped by the bed rail.

Sources: Health Canada Guidance Document with effective date March 17, 2008, Appendix E, bed entrapment annual audit, resident's progress notes, interview with RN #110, RN #109 and DRC.

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 where bed rails are used, steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (1) The pain management program must, at a minimum, provide for the following:

- 1. Communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired. O. Reg. 79/10, s. 52 (1).**
- 2. Strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 52 (1).**
- 3. Comfort care measures. O. Reg. 79/10, s. 52 (1).**
- 4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies. O. Reg. 79/10, s. 52 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the effectiveness of the pain management strategies for residents were recorded.

Review of pain management policy #HP052 with the last reviewed date of May 13, 2020, indicated the documentation of the effectiveness of pain management strategies, as one of the steps in the pain assessment and management procedure.

Review of clinical documents of two residents revealed that in several separate incidents, the effectiveness of pain management intervention was not recorded or not clearly documented.

Review of resident #012's clinical records showed within 3 months, they were received scheduled and as needed (PRN) analgesic medication on several occasions.

Review of resident #012's progress notes showed the effectiveness of the pain management intervention was documented as "some effect". There was no indication if the resident's pain was sufficiently relieved.

Review of resident #004's progress notes showed the effectiveness of pain management intervention was documented as "some effect". There was no indication if the resident's pain was sufficiently relieved.

During interview with RN #117, they stated that the effectiveness of pain management intervention should be assessed, though was not always completed due to their workload.

The DRC was informed, and stated that after receiving any pain management intervention, the pain should be re-assessed. They added, writing "some effects" could not be accepted as a pain evaluation, and the effectiveness of treatment should be clearly documented as effective or not-effective.

Sources:

Pain Management policy #HP052, clinical records of residents #004 and #012, interview with RN #117 and DRC. [s. 52. (1) 4.]

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 monitor the residents' responses to, and the effectiveness of, the pain management strategies, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program when residents' hands were not cleaned before meals.

Review of Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009, and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, indicated to clean the residents' hands before meals.

Inspector #764's observations on specified days, showed that four residents were not assisted to perform hand hygiene before meals.

Interview with RCA #122 indicated that they were aware of that residents should be assisted with hand hygiene before meals as an IPAC (Infection Prevention and Control) practice but failed to do it.

The DRC was made aware of the observations, and noted home needed to increase the monitoring over hand hygiene practices.

Sources: Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009 and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, observation and interview with RCA #122 and DRC. [s. 229. (4)]

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 hand hygiene is implemented for residents before each meal, to be implemented voluntarily.

Issued on this 12th day of May, 2021

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

Original report signed by the inspector.