Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Jun 23, 2021	2021_898541_0002	007117-21, 007774-21, 008449-21, 009056-21	Complaint

Licensee/Titulaire de permis

Providence Care Centre
752 King Street West Kingston ON K7L 4X3

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

Providence Manor
275 Sydenham Street Kingston ON K7K 1G7

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

AMBER LAM (541)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 3, 4, 11, 14-16 and 22, 2021

The following logs were inspected:

Log #007117-21 related to short staffing and resident care
Log #007774-21 related to resident care planning
Log #008449-21 related to a resident room transfer
Log #009056-21 related to short staffing and resident care

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the assistant Director of Care, a corporate facilities manager, the home's facilities manager, the facilities secretary, the infection prevention and control lead, the physiotherapist, the admissions coordinator/social worker, registered nurses, registered practical nurses, personal support workers, a resident services assistant and residents.

The following Inspection Protocols were used during this inspection:
Admission and Discharge
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Infection Prevention and Control
Personal Support Services
Safe and Secure Home
Sufficient Staffing

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	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

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. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of care set out in the plan of care for 4 residents was documented.

The Point of Care (POC) documentation was reviewed for 3 residents for a 1 month time period and the documentation for a 4th resident was reviewed for a 12 day time period to determine when and how often baths were provided. Each resident is scheduled to have 2 baths per week on specific days as per the bathing schedule.

3 residents had between 1-4 baths documented on the POC report for the 1 month time period noted above. There were between 12-21 shifts on the POC report for the time period noted above where no documentation was entered for the 4 residents in relation to bathing.

Staff interviews indicated that a lack of documentation does not imply that the care was not provided. An interview with the ADOC confirmed this and further stated that when staff are working short, documentation is not the first priority.

The licensee failed to ensure that documentation was completed to reflect when 4 residents received their baths.

Sources: Review of Point of Care (POC) records for 4 residents, review of bath schedules, interviews with ADOC and PSWs. [s. 6. (9) 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 the following are documented: 1. The provision of the care set out in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing in at least two resident bedrooms in different parts of the home.

An interview with the licensee's corporate Director of Facilities Management as well as email communication with the home's Facility Manager confirmed that the home has identified resident bedrooms where the air temperature will be measured but this system will not be operational until July 2021. The licensee is not currently monitoring temperatures in at least two resident bedrooms.

Source: Interview with the licensee's corporate Director of Facilities Management and the home's Facility Manager. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature is measured and documented in writing in every designated cooling area in the home.

There was no documentation to support that air temperatures were being monitored in every designated cooling area in the home. The licensee's corporate Director of Facilities Management and the home's Facilities Manager indicate the home has identified the cooling areas to be monitored but the monitoring will not start until July 2021 when the new system is running.

Sources: Interviews with the licensee's corporate director of facilities management and email communication with the home's facilities manager. [s. 21. (2) 3.]

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 the temperature is measured and documented in writing, at a minimum in the following areas of the home: 1. At least two resident bedrooms in different parts of the home. 3. Every designated cooling area, if there are any in the home, 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 failed to ensure that staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

A lunch meal was observed on Montreal 4 on June 14, 2021. During that observation no resident HH was performed prior to the start of the meal nor after completion of the meal. A breakfast meal service was observed June 15, 2021 on Sydenham 4 and no resident hand hygiene was completed prior to the start of the meal.

The home's HH program which is part of the IPAC program, was based on the "Just Clean you Hands" program which requires that staff assist residents to clean their hands before and after meals.The IPAC lead indicated it is the expectation that staff clean resident's hands either upon entering the dining room using the hand sanitizer on the wall or to use a portable hand sanitizer bottle to clean the residents' hands prior to the start of the meal.

The failure to follow IPAC practices presents a risk to residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Direct observations, interview with IPAC lead, "Just Clean Your Hands" program resources. [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 all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 24th day of June, 2021

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

Original report signed by the inspector.