

Original Public Report

Report Issue Date July 8, 2022
Inspection Number 2022_1502_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Providence Care Centre

Long-Term Care Home and City
Providence Manor
275 Sydenham Street, Kingston, ON, K7K1G7

Lead Inspector
Heath Heffernan (622)

Inspector Digital Signature

Additional Inspector(s)
Cathi Kerr (641)

Inspectors #740792 (Kayla Debois) and #740787 (Ashley Bernard-Demers) were also present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 18, 19, 20, 24, 26, 27, 30, 31, 2022, and June 1, 2, 3, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 2022.

The following intake(s) were inspected:

- Intake # 005279-22 (CIS # 3005-000019-22), # 005352-22 (CIS # 3005-000020-22) and # 006331-22 (CIS # 3005-000024-22), related to falls with injuries and significant changes in health status.
- The following intakes were completed: # 004011-22 (CIS # 3005-000014-22) and # 007934-22 (CIS # 3005-000032-22) related to falls with injury and significant change in health status.
- Intake # 007954-22 (CIS # 3005-000033-22) related to alleged abuse of a resident.
- Intake # 005712-22 (CIS # 3005-000023-22) related to the unexpected death of a resident.

- Intake # 006467-22 (Complaint) related to resident care and services.
- Intake # 008109-22 (Complaint) and Intake #006797-22 (CIS # 3005-000027-22) related to the unexpected death of a resident.
- Intake # 005644-22 (Complaint) and Intake #005554-22 (CIS # 3005-000022-22) related to alleged abuse of a resident.

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Safe and Secure Home

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)

O. Reg. 246/22 s. 12. (1) 3.

On May 18, 2022, Inspector #622 observed four doors leading to non-residential areas that were equipped with locks however allowed access. There were no staff in the immediate areas supervising the doors.

The Administrator stated that they would ensure the access to the doors would be checked and would not happen again.

Four doors that were accessible on May 18, 2022, had been closed and locked, signs were on the doors to ensure that they were kept closed and always locked.

Date Remedy Implemented: May 20, 2022 [622]

WRITTEN NOTIFICATION AIR TEMPERATURE

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 24 (4)

The licensee failed to ensure that for every resident bedroom that was not served by air conditioning, the temperature was measured and documented in writing once a day in the afternoon between 12 pm and 5 pm.

Rationale and Summary:

Inspector #641 reviewed the documentation of the daily temperatures for residents' rooms without air conditioning. The temperatures were not taken in 94 rooms on May 21, 22 and 23; 37 rooms on May 24; 56 rooms on May 25; 12 rooms on May 26; 5 rooms on May 27; 23 rooms on May 28; 3 rooms on May 29; 29 rooms on May 30; 30 rooms on May 31; 18 rooms on June 2; 19 rooms on June 3; 30 rooms on June 4 and 5; 69 rooms on June 6; 19 rooms on June 7; 67 rooms on June 9; 18 rooms on June 11; and 40 rooms on June 13, 2022.

This posed a risk to the residents since on the days the temperatures were not taken, the staff would be unaware of the need to implement interventions to keep the residents comfortable and prevent heat related illnesses.

Sources: Interviews with Administrator, Director of Care (DOC), Environmental Services Manager (ESM), other staff, and residents; Daily temperature logs for residents' rooms without Air Conditioning. [(641)]

WRITTEN NOTIFICATION DOCUMENTATION - PLAN OF CARE

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6 (9).1.

The licensee has failed to ensure that the provision of the care set out in the plan of care for a resident's treatment application was documented.

Rationale and Summary

A review of the care plan indicated that a treatment was to be applied to a resident every shift.

The progress notes, point of care flow sheets and the electronic treatment record (eTAR) on MED e-care, did not contain documentation related to the treatment application to the resident.

On June 9, 2022, a Personal Support Worker (PSW) stated that they apply the treatment to the resident however, there was no specific place to document the treatment application.

Sources: review of the resident's progress notes, point of care flow sheets, the eTAR and interview of the PSW and other staff. [(622)]



Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report under the
Fixing Long-Term Care Act, 2021

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