

Original Public Report

Report Issue Date July 7, 2022
Inspection Number 2022_1502_0002
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 # 006818-22 (Complaint), # 010253-22 (Complaint) and # 006861-22 (CIS # 3005-000028-22) related to a resident's care and services.

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

- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Reporting and Complaints
- Resident Care and Support Services
- Staffing, Training and Care Standards

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. 102. (8)

On May 18, 2022, two resident rooms were observed to have personal protective equipment (PPE) caddies and donning and doffing direction posters at the doorways. Two Registered Practical Nurses (RPNs) stated that both residents were on precautions however, there were no precaution signs posted to indicate the precaution level that staff and visitors would be required to follow. The home did not comply with their policy: Disease/Organism Specific Precautions - Number: ADM-IC-8 dated revised April 17, 2022, which stated that when a resident was on additional precautions, the required preprinted infection control signage was to be placed on the door.

On May 18, 2022, the RPNs stated that they would place the appropriate precaution signs on the two resident room doors.

On May 20, 2022, inspector #622 observed both resident room doors to have the appropriate precaution signage in place.

Date Remedy Implemented: May 20, 2022 [(622)]

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#002 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22, s. 102. (8)

On June 6, 2022, inspector #622, observed an individual enter the long-term care home, sign the visitor log, and proceeded towards the resident home areas without being screened for COVID-19 symptoms. The licensee had not complied with their policy - COVID-19 Pandemic – Number – ADM -IC-34, revised April 20, 2022, which stated that active screening was to be performed on all persons including Essential Care Partners and Designated Care Providers for symptoms, exposure, and other risk factors prior to being permitted to enter Providence Manor.

Inspector #622 informed a Registered Nurse (RN), that an individual had not been screened prior to going to the resident home area. The RN stated that they would locate the individual and perform the COVID-19 screening with them.

On June 13, 2022, the Director of Care (DOC) stated that the RN had screened the individual prior to contact with residents and that the individual's territorial office had been notified of the incident.

Date Remedy Implemented: June 13, 2022 [(622)]

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: O. Reg. 246/22 s. 102 (9) (b)

The licensee has failed to ensure that immediate action was taken to reduce transmission and isolate a resident who displayed symptoms of an infection.

Rationale and Summary

The Outbreak Resident Line Listing indicated the date of a resident's onset for symptoms of an infection.

Progress notes indicated that two days after the resident's onset of symptoms for the infection, the resident was placed on precautions, tested for the infection and the results were positive.

On June 9, 2022, the Infection Prevention and Control (IPAC) Lead stated that testing, and precautions were set up two days after the resident's date of onset for symptoms of the infection and that multiple residents received positive test results for the infection within three days of the resident's positive test results.

The lack of immediate action to reduce transmission, placed staff and other residents at risk of contact for the infection.

Sources: the Outbreak Resident Line Listing, resident progress notes and interview with the IPAC Lead and other staff. [(622)]

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 102 (8)

The licensee has failed to ensure that a Registered Practical Nurse (RPN), a Housekeeper and a Dietary Aide (DA), participated in the implementation of the infection prevention and control program, specific to universal masking.

In accordance with FLTCA, 2021, s. 23 (2) (a); the infection prevention and control program must include evidence-based policies and procedures.

Rationale and Summary

The licensee's Policy: COVID-19 Pandemic - Number: ADM-IC-34 dated revised: April 20, 2022, stated that hospital issued masks were to be worn upon entry to the building and only removed upon exit, while alone in a private office space or for eating/drinking (where there was 6 feet of distance).

Observations of universal masking practices within the long-term care home indicated that on three occasions staff were not wearing their masks appropriately:

On May 31, 2022, a DA was wearing a surgical mask under their chin in the dining room.

On June 2, 2022, an RPN had their surgical mask under their chin while sitting at the nurse's station. A housekeeper had their surgical mask under their nose while standing at the nurse's station later that date.

On June 9, 2022, the Infection Prevention and Control (IPAC) Lead and inspector #622 reviewed the observations related to the RPN, Housekeeper and DA, not wearing their masks appropriately. The IPAC lead stated that all staff and visitors in the home must always have their masks on, except when eating or drinking, and only in designated spots.

Sources: the licensee policy: COVID-19 Pandemic - Number: ADM-IC-34, observation of universal masking practices, and interview of IPAC Lead and other staff. [(622)]

WRITTEN NOTIFICATION DOCUMENTATION – PLAN OF CARE

NC#005 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 care set out in the bath flow sheets for two residents was documented.

Rationale and Summary

Review of the bath flow sheets on MED e-care for a one-month period, indicated that a resident was missing documentation for three baths, and second resident was missing documentation for one bath.

On June 10, 2022, a Personal Support Worker (PSW) stated that the two residents would have had their baths over the one-month period, however there were omissions in the documentation.

Sources: Residents, bath schedules, bath flow sheets, interview with PSW and other staff. [(622)]

WRITTEN NOTIFICATION NUTRITIONAL CARE AND HYDRATION PROGRAMS

NC#006 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 74. (2) (d)

The licensee has failed to comply with the system to monitor and evaluate the food and fluid intake of a resident who was identified at nutrition and hydration risk.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee is required to ensure that there is a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration and must be complied with.

Specifically, staff did not comply with the policy - Nutrition and Hydration – Number: CARE-RC-42 dated reviewed February 7, 2022, which stated that food and fluid intake would be monitored daily and documented on the resident’s PHI record.

Rationale and Summary

Dietary intake flow records on MED e-care for a resident during an eight-day period, indicated that there were multiple food, fluid, and supplement intake documentation omissions.

Documentation on the audit sheets related to water being provided to the resident each shift for six days, was not completed on four dates.

On June 10, 2022, A Personal Support Worker (PSW) stated that food, fluids, snacks, beverages, and supplements were documented in MED e-care on the dietary intake flow sheets however sometimes the documentation was missed being completed.

Omissions of their food, fluid, and supplement intake, decreased the interdisciplinary team’s ability to accurately monitor the resident’s intake and placed them at further risk.

Sources: the resident’s dietary flow records, audit sheets, policy - Nutrition and Hydration – Number: CARE-RC-42 dated reviewed February 7, 2022, and interview with a PSW and other staff. [(622)]

WRITTEN NOTIFICATION NUTRITION CARE AND HYDRATION PROGRAMS

NC#007 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10, s. 68. (2)(e)(i)

The licensee has failed to comply with the system to measure and record a resident’s admission weight and monthly thereafter.

Rationale and Summary

Review of the weight records on MED e-care indicated that a resident’s weight had not been measured by the home on admission or monthly on two separate dates.

On June 10, 2022, the Director of Care (DOC) indicated that the weights were not completed on admission, or monthly on two separate dates.

Omissions of the resident’s admission and two monthly weights, decreased the interdisciplinary team’s ability to accurately monitor changes in weight and placed them further at risk.

Sources: review of the resident’s weight records and interview with DOC and other staff. [(622)]

WRITTEN NOTIFICATION NUTRITION CARE AND HYDRATION PROGRAMS

NC#008 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s. 69.1.

The licensee has failed to ensure that a resident was assessed using an interdisciplinary approach and actions taken when they had a significant loss of weight over a one-month period.

Rationale and Summary

Review of the weight records on MED e-care indicated that the resident had significant weight loss over a one-month period on two dates.

Review of the resident’s progress notes, the assessment tab and the Resident Assessment Protocols (RAPS) on MED e-care indicated that there were no dietitian assessments

completed for the first significant weight loss that the resident incurred. Furthermore, the resident was not assessed for the second significant weight loss until two months later.

On June 7, 2022, the Registered Dietitian (RD) stated that when the resident was noted to have the significant weight loss, a dietitian's referral should have been sent and a complete assessment done.

The lack of action by the interdisciplinary team for the resident's significant weight loss did not allow for review and updates in the resident's plan of care and placed them further at risk.

Sources: the resident's health records, interview with the RD and other staff. [(622)]

WRITTEN NOTIFICATION REPORTING CERTAIN MATTERS TO DIRECTOR

NC#009 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA, 2007 s. 24 (1) 2.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that staff to a resident neglect had occurred, immediately reported the suspicion and the information upon which it was based to the Director.

Rationale and Summary

Progress notes on MED e-care, indicated that a physician received a complaint of alleged neglect of a resident. A critical incident was submitted related to the complaint one day later.

The Director of Care (DOC) stated that the physician had not informed them of the alleged neglect of the resident. The DOC stated that they reported the allegation of neglect after they read the physician's progress note the following day.

Sources: Critical Incident report, the resident's progress notes, interview with the DOC and other staff. [(622)]