Ontario

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

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: August 23, 2023	
Inspection Number: 2023-1490-0002	
Inspection Type: Complaint	
Licensee: The Governing Council of the Salvation Army in Canada	
Long Term Care Home and City: R. H. Lawson Eventide Home, Niagara Falls	
Lead Inspector Emma Volpatti (740883)	**Inspector Digital Signature** Emma Volpatti Digitally signed by Emma Volpatti Date: 2023.09.05 09:48:53 -04'00'
Additional Inspector(s) Jennifer Allen (706480)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 17-20, 24-27, 31, 2023 and August 1, 2023

The following intake(s) were inspected:

- Intake: #00090803 Complaint regarding air temperatures in the home, cooling requirements, resident care and services.
- Intake: #00092102 Complaint regarding air temperatures in the home, cooling requirements and food quality.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Safe and Secure Home
Infection Prevention and Control
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 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 care set out in the plan of care related to certain care areas were documented.

Rationale and Summary
A resident's care plan indicated that the resident was assessed to require physical assistance for certain care areas.

Documentation in the resident's electronic medical record (EMR) did not reflect the care provided by the Personal Support Workers (PSWs) relating to the associated interventions in the resident's plan of care.

The Director of Care (DOC) confirmed that the staff should document the care provided for the interventions as set out in the plan of care.

Sources: A resident's health care records and interview with the DOC and other staff. **[706480]**

WRITTEN NOTIFICATION: Complaints Procedure - Licensee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

The licensee has failed to ensure that any written complaint concerning the care of a resident was immediately forwarded to the Director.

Rationale and Summary
A written complaint was sent to the Resident Services Coordinator (RSC) regarding care concerns of a resident.

A review of the Critical Incident (CI) reporting system indicated the written complaint was not forwarded to the Director.

The RSC acknowledged that the written complaint was not immediately forwarded to the Director.

Sources: Interview with the RSC, review of the CI reporting system, written complaint. **[740883]**

WRITTEN NOTIFICATION: Duty to Respond

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)

The licensee has failed to ensure that a written response was provided within 10 days to the Residents' Council after they brought a concern to the licensee.

Rationale and Summary
A complaint was received regarding a certain area of the home.

A review of the Residents' Council Meeting Minutes indicated that a concern was brought forward to the Executive Director (ED) regarding a certain area of the home. There was no resident council response form completed and returned to the council within 10 days of the concern.

The ED acknowledged there was no response provided to the Residents' Council regarding their concern.

Sources: Residents' council meeting minutes, interview with the ED. **[740883]**

WRITTEN NOTIFICATION: Plan of Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 29 (3) 11

The licensee has failed to ensure that the plan of care for two residents was based on an interdisciplinary assessment of seasonal risks relating to heat related illness.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the written heat related illness prevention and management plan is complied with.

Specifically, staff did not comply with the home’s policy.

Rationale and Summary

A review of the licensee's policy indicated that each resident will have a heat risk assessment done every year before an identified date.

A review of two resident's' heat risk assessments indicated that they were both completed after the indicated date in the policy.

The DOC acknowledged that the heat risk assessments were not completed in the timeframe that was specified in the policy.

Failing to implement the heat related illness prevention and management plan for residents posed a risk of staff being unaware of their risks for heat related illness.

Sources: Two resident's' clinical records, the home's policy, interview with the DOC and other staff. **[740883]**

WRITTEN NOTIFICATION: Air Temperature

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary
The home's temperature log was reviewed for an identified period. There were 16 days within the review period where the temperature of the home was under 22 degrees Celsius either in the morning, between 12 p.m. to 5 p.m. and/or the evening.

The Director of Environmental Services (DES) acknowledged that the home was not maintained at a minimum of 22 degrees Celsius during those times.

Failing to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius put the resident's comfort level at risk.

Sources: The home's temperature log, interview with the DES. **[740883]**

WRITTEN NOTIFICATION: 24-hour Admission Care Plan

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

Non-compliance with: O. Reg. 246/22, s. 27 (2) 5.

The licensee has failed to ensure that the 24-hour admission care plan for a resident included drugs required and the clinical reason for which the drug is being used, where known.

Rationale and Summary
A resident was admitted to the home with an order for a specific medication to be used as needed for a specific reason.

A review of the resident's 24-hour admission care plan indicated that it did not include the drug or the clinical reason for which the drug was being used.

The DOC acknowledged that the drug was not in the care plan, along with its reason for use and it should have been added.

Failing to ensure the 24-hour admission care plan for a resident included drugs required and the clinical reason for them, put the resident at risk for staff not being aware of their care needs.

Sources: A resident's clinical record, interview with the DOC. **[740883]**

WRITTEN NOTIFICATION: 24-hour Admission Care Plan

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 27 (9) (a)

The licensee has failed to ensure that a resident's care plan was reviewed and revised when the resident's care needs changed in regards to their preferences.

Rationale and Summary
On the day of a resident's admission to the home, the Substitute Decision Maker (SDM) requested a specific intervention due to the resident's preferences.

A Registered Nurse acknowledged that they put a sign at the nursing station to inform staff but did not update the care plan to reflect their preferences.

Four days later, the SDM informed the RSC again about their request. The care plan was not updated until three days later to indicate the change in care needs.

Failing to ensure that the resident's care plan was reviewed and revised when their care needs changed placed the resident's comfort needs at risk.

Sources: A resident's clinical record, written complaint, interview with an RN and other staff. **[740883]**

WRITTEN NOTIFICATION: Skin and Wound Care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee failed to ensure that a resident's skin alterations were reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary
A resident was admitted to the home with multiple skin alterations.

Review of the resident's clinical record indicated there were missing assessments for skin alterations during a period of seven weeks. During that period, the skin alterations were not assessed consistently on a weekly basis.

The wound care lead acknowledged there were missing assessments and were aware of the weekly skin and wound assessment requirement.

Sources: A resident's clinical record, interviews with the wound care lead. **[706480]**

WRITTEN NOTIFICATION: Food Production

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (f)

The home failed to ensure communication to residents and staff of any menu substitutions.

Rationale and Summary
The planned menu indicated that the lunch dessert was to be chilled peaches. Observations of the kitchen prior to the dessert service revealed there were pears being prepared for the residents who are receiving a specific diet texture. The resident's receiving that diet texture did not receive the planned menu dessert item for that meal.

A Dietary Aide (DA) stated that the home was out of chilled peaches and pears were going to be served

instead and that the residents did not know of the substitution ahead of being served their choice of dessert.

The Head Cook confirmed that the planned menu items were not served to residents with that specific diet texture that day. The Food Service Manager (FSM) confirmed that the DA should have informed the cook to post the substitution form prior to lunch service.

Failing to provide the planned menu may impact the residents enjoyment of their meal and overall nutritional intake as they are not provided an opportunity to choose their meals according to the pre-planned and posted menu.

Sources: Observations in the home, the home's policy, interviews with a DA and other staff. **[706480]**

WRITTEN NOTIFICATION: Dining and Snack Service

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.

The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, the following elements: Communication of the seven-day and daily menus to residents.

Rationale and Summary
Observation of a lunch meal service indicated that the daily menu was not posted for residents to view.

A staff member stated there was a daily meal menu posted for the residents to see, which was located in the display case by the dining room entrance. Upon observing the display case, there was a seven-day weekly menu posted, that included all three meals, but no daily menu was observed.

The FSM stated that the daily menu has not been posted since they started in the role and were unaware it was a requirement.

Sources: Observations in the home, the home's policy, Interviews with the FSM and other staff. **[706480]**

COMPLIANCE ORDER CO #001 Air Temperature

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 24 (3)

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 24 (3) [FLTCA, 2021, s. 155 (1) (b)]:

The licensee shall prepare, submit, and implement a plan to ensure that the temperature is documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in the following areas:

- At least two resident bedrooms in different parts of the home.
- One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
- Every designated cooling area, if there are any in the home.

The plan must include but is not limited to:

1. Educating the staff responsible for completing the temperatures on the importance of the temperatures being measured and documented in accordance with the regulations.

2. How the temperature logs will be audited to ensure they are completed.

3. Consideration to incorporating into the home's heat related illness prevention and management plan how temperatures above 26 degrees Celsius will be addressed, including documentation on any corrective actions that are taken in response.

Please submit the written plan for achieving compliance for inspection #2023-1490-0002 to Emma Volpatti (740883), LTC Homes Inspector, MLTC, by email to hamiltondistrict.mltc@ontario.ca by September 21, 2023. Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds
The licensee has failed to ensure that the temperature required to be measured under subsection (2) was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary
The home's temperature logs were reviewed for three months. On 24 days within the review period, the temperature documentation was missing either in the morning, between 12 p.m. to 5 p.m. and/or the evening. Of those 24 days, there were six days that the forecasted temperature outside was 26 degrees Celsius or over.

The DES confirmed that the temperatures were not measured and documented on those identified days due to staffing shortages.

By not measuring and documenting temperatures in the home at the required times, there was a risk of not identifying temperatures that may require corrective action.

Sources: Daily temperature logs, interview with the DES and other staff, the home's policy. **[740883]**

This order must be complied with by September 21, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.