

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: October 28, 2024

Inspection Number: 2024-1490-0003

Inspection Type:

Critical Incident

Licensee: The Governing Council of the Salvation Army in Canada

Long Term Care Home and City: R. H. Lawson Eventide Home, Niagara Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 3, 2024, October 8 -9, 2024, October 15-18, 2024, and October 21, 2024.

The following intake was inspected:

- Intake #00111674/Critical Incident Report #2991-000002-24 related to falls prevention and management.

An additional MLTC Inspector was present throughout the inspection.

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

Infection Prevention and Control
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee failed to ensure that directions set out in a resident's written plan of care were clear for staff.

Rationale and Summary

A Critical Incident System Report was submitted related to a resident's fall in which the resident sustained an injury.

The resident's written plan of care included two specific care areas that were related. Directions for care in both areas differed.

Interviews with staff confirmed the care directions in the written plan of care related to both areas were unclear and inconsistent. Both staff members acknowledged the resident was at high risk for falls.

Having unclear directions for staff may have prevented the resident from receiving required levels of care and supervision, placing the resident at increased risk for falls.

Sources: resident's clinical record, interviews with staff

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WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident received a skin assessment by a member of registered nursing staff using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rationale and Summary

A Critical Incident System Report was submitted related to a resident's fall in which the resident sustained an injury.

Review of the resident's clinical record indicated an initial skin assessment was not completed.

During interviews with two staff members, both acknowledged there should have been an initial skin assessment completed in the resident's clinical record and that this was not completed.

Failing to complete a skin assessment led the resident to be at risk of potential

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worsening skin conditions.

Sources: Resident's clinical record, interviews with staff, photographs of the injury, LTCH's Skin and Wound Policy revised July 2020

WRITTEN NOTIFICATION: Reporting and Complaints

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

The licensee has failed to ensure that an incident that caused an injury to a resident for which the resident was taken to hospital that resulted in significant change in condition was reported to the Director within one business day.

Rationale and Summary

A Critical Incident System Report was submitted related to a resident's fall in which the resident sustained an injury resulting in hospital transfer.

Shortly after the fall the resident experienced a change in condition resulting another hospital transfer.

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The LTCH reported the incident several months after the incident occurred at the request of a third party.

A staff member acknowledged the incident should have been reported within one business day of the injury and it was not.

Sources: CI Report #2991-000002-24, interviews with staff, resident's clinical record

COMPLIANCE ORDER CO #001 Required Programs

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1) Retrain registered staff on the assessment and the LTCH's assessment policy related to the following:

- which assessment tool to use
- the frequency in which the assessment is to be completed, ongoing assessments as concerns persist
- the importance of establishing a baseline of symptoms
- how to complete an assessment

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- how to complete the required assessment tool
- how to interpret assessment scoring on the assessment tool
- what action(s) staff are expected to take as a result of the assessment score

2) Maintain a written record of training provided for the assessment and the assessment policy including the date of training, the name and signature of all staff attending and the name of the staff who provided the education.

3) For a period of four weeks following the receipt of this report, complete and maintain a record of weekly audits of any falls requiring an assessment to ensure the assessment and follow up actions (if applicable) are being completed. Include the date, the name of the staff completing the audits and any remedial actions taken (if applicable).

Grounds

The licensee has failed to comply with the Falls Prevention and Management program following a resident's fall.

In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the Falls Prevention and Management Program provides for assessment and reassessments instruments.

Rational and Summary

The resident sustained an injury as a result of a fall.

The resident's condition changed over a short period of time.

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A staff member stated that they were not contacted during that time period in which the resident's condition changed.

A staff member acknowledged registered staff used a standardized assessment tool which indicated the resident had a serious change in condition.

Upon review of the assessment record, a staff member acknowledged the assessments were not completed within the required time frame and were incomplete lacking required assessment data, and that as per policy such assessments should have been completed ongoingly as the resident's condition changed.

The Long-Term Care Home's assessment policy, revised October 2023, outlines procedures for monitoring a resident's changing condition and indicates when staff are to report serious changes in condition to the physician. Further stating a specific assessment tool is to be used to provide continuing assessment of a resident so changes in condition may be noted immediately.

Failure to comply with the licensee's written policy on assessment, specifically at the onset of the resident's injury and subsequent change in condition, could have led to a lack of care and treatment, further placing the resident at risk of harm.

Sources: Falls Prevention and Management Program, revised September 18, 2019, LTCH assessment policy, revised October 2023, resident's clinical records, standardized assessment tools, interviews with staff

This order must be complied with by January 17, 2025

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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

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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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
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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.