Ontario

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

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

Central East District
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Original Public Report

Report Issue Date: May 30, 2023	
Inspection Number: 2023-1080-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partner	
Long Term Care Home and City: Regency Long Term Care Home, Port Hope	
Lead Inspector Moses Neelam (762)	**Inspector Digital Signature** Moses H Neelam Digitally signed by Moses H Neelam Date: 2023.06.01 13:15:25 -04'00'
Additional Inspector(s) Patricia Mata (571)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 10-12, 15-19, and 23 - 25, 2023

The following intake(s) were inspected:

- Intake related to a Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management

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)
FLTCA, 2021, s. 85 (3) (c)

The licensee failed to ensure the LTCH's policy to promote zero tolerance of abuse and neglect of residents was posted in a conspicuous and easily accessible location in the LTCH.

Summary and Rationale

An initial tour was conducted in the home as a part of the PCI. In the area where the required postings were posted, the LTCH's policy to promote zero tolerance of abuse and neglect of residents was not noted. During an interview and observation with the Administrator, it was noted that the policy was not posted anywhere in the home. After the interview with the Administrator, the information was noted to be posted the same day.

As a result, there was no risk to the residents because the policy was not posted.

Sources: Observations on multiple days; interview and observation with administrator. [762]

Date Remedy Implemented: May 16, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 23 (2) (a)

The licensee failed to ensure that the heat related illness prevention and management plan identified specific risk factors that may lead to heat related illnesses.

Summary and Rationale

The Long-Term Care Home's (LTCH) heat related illness prevention and management plan was reviewed as a part of the Proactive Compliance Inspection (PCI). A document provided by the Director of Care (DOC) as the LTCH's Heat-Related Illness Prevention and Management Plan, did not specifically identify risk factors that may lead to heat related illness.

In separate interviews, a Personal Support Worker (PSW) and Registered Practice Nurse (RPN) were able to articulate the risk factors that could lead to heat related illnesses, the symptoms, and the interventions, but indicated that they were not aware of a written plan for the prevention of heat related illness and management. The DOC and Administrator Indicated that the Heat-Related Illness Prevention and Management Plan did not specifically identify risk factors that may lead to heat related illness. The plan was created and provided to the inspector that identified risk factors that may lead to heat related illness.

There was a risk of staff not knowing the risk factors that lead to heat related illness prevention and management plan, and hence mitigating heat related illnesses.

Sources: "Guidelines for Heat-Related Illness Prevention and Management Plan" last updated on May 15, 2023; Heat-Related Illness Prevention and Management plan updated on May 23, 2023; Interviews with Administrator, DOC, PSW and RPN. [762]

Date Remedy Implemented: May 23, 2023

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 23 (2) (e)

The licensee failed to ensure that the heat related illness prevention and management plan contained specific protocols to communicate the plan to residents, volunteers, substitute decision-makers, visitors, the Residents' Council of the home and the Family Council of the home.

Summary and Rationale

The LTCH's heat related illness prevention and management plan was reviewed as a part of the PCI. A document provided by the Director of Care (DOC) as the LTCH's Heat-Related Illness Prevention and Management Plan, did not identify specific protocols to communicate the plan to residents, volunteers, substitute decision-makers, visitors, the Residents' Council of the home and the Family Council of the home. The DOC and Administrator confirmed the same. The plan was created and provided to the inspector that identifies specific protocols to communicate the heat related illness prevention and

management plan to residents, volunteers, substitute decision-makers, visitors, the Residents' Council of the home and the Family Council of the home.

There was a risk of residents, volunteers, substitute decision-makers, visitors, the Residents' Council of the home and the Family Council not being able to implement the plan because there was no specific protocol to communicate this plan to them.

Sources: "Guidelines for Heat-Related Illness Prevention and Management Plan" last updated on May 15, 2023; Heat-Related Illness Prevention and Management plan updated on May 23, 2023; Interviews with DOC, PSW and RPN. [762]

Date Remedy Implemented: May 23, 2023

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 265 (1) 10.

The licensee failed to ensure the visitors policy was posted in the LTCH.
Summary and Rationale

An initial tour was conducted in the LTCH as a part of the PCI. In the area where the required postings were posted, the visitors policy was not noted. During an interview and observation with the Administrator, it was noted that the visitor's policy was not posted anywhere in the LTCH. After the interview with the Administrator, the information was noted to be posted the same day.

As a result, there was no risk to the residents because the policy was not posted.

Sources: Observations on multiple days; interview and observation with Administrator

Date Remedy Implemented: May 16, 2023

WRITTEN NOTIFICATION: Duty To Respond

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)

The licensee failed to respond to the Residents' Council within ten days in writing after concerns related to food were brought forward.

Under s. 63 (1) 6 of the FLTCA, 2021, a Residents' Council of a long-term care home has the power to advise the licensee of any concerns or recommendations the Council has about the operation of the home.

Summary and Rationale

A review of the Resident Council meeting minutes for February, 2023, included concerns certain items were not cooked enough. Also, certain food items were not available when the menu indicated they were to be served. A review of the meeting minutes for March, 2023, included concerns that the food items were still not cooked enough and salt and pepper shakers were not available at every table.

The Food Service Manager (FSM) indicated that they had attended the Resident Council meetings in February and March 2023. They confirmed that they did not respond in writing to the concerns brought forward by the council.

By failing to respond in writing to concerns brought forward by Resident Council, there was a risk that concerns might not be addressed or resolved.

Sources: review of Resident Council meeting minutes and interview with the FSM. [571]

WRITTEN NOTIFICATION: Air temperature

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)

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

Summary and Rationale

The LTCH's temperature records were reviewed as a part of the PCI. During this review, it was noted that the temperature was below 22 degrees on approximately multiple occasions between certain dates in May, 2023. The temperature ranged from 18 to 21.8 degrees Celsius and occurred at 0100 hours, 1530 hours and 0800 hours throughout the home.

In an interview, the DOC confirmed that the temperature was recorded to be below 22 degrees on all the identified dates and times.

When the licensee failed to maintain the temperature at a minimum of 22 degrees Celsius, there was a risk of the residents feeling cold and being unable to voice the concern.

Sources: LTCH temperature records; Interview with DOC. [762]

WRITTEN NOTIFICATION: Safe storage of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)

The licensee failed to ensure that controlled substances were stored in a separate double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Summary and Rationale

Medication administration process was observed as a part of the PCI. During the administration process, the controlled substances bin was checked, and it was noted to be open. A Registered Practical Nurse (RPN) was present during this process. The lock for the bin was examined and was not closing without force being applied to it. The LTCH policy on safe storage of medication indicated that controlled substances are “always maintained under double lock” and must be stored in a stationary narcotic box.

In separate interviews, RPN and the DOC indicated that the bin is to be locked. The DOC indicated that there would be a sign placed on the controlled substances bin indicating to push to lock the bin and that the pharmacy provider would be notified in order to fix the bin. The DOC indicated that the lock was replaced by the pharmacy provider, but the spring was broken and will be replaced. This issue of the controlled substances bin not closing appropriately, was observed again on a later date, with a different RPN, however, a sign was present on the bin indicating to push to close.

When controlled substances were not stored in a separate double-locked medication cart, there was a risk for the medication being removed without the nurses knowledge.

Sources: Observations; Policy with the title Safe Storage of Medications; interviews with RPN and DOC. [762]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

The licensee failed to ensure that a Personal Support Worker (PSW) was a member of their continuous quality improvement (CQI) committee.

Summary and Rationale

A review of the meeting minutes for the CQI committee for 2023, indicated that a PSW was not in attendance.

The Director of Care (DOC) confirmed that a PSW was not a member of the CQI committee.

By failing to include a PSW on the CQI team, the opportunity for input from an employee who spends more time with the resident than any other staff. was lost.

Sources: PAC and CQI meeting minutes, interview with the DOC. [571]