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

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Original Public Report

Report Issue Date October 4, 2022
Inspection Number 2022-1406-0001
Inspection Type
☒ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Liuna Local 837 Nursing Home (Ancaster) Corporation

Long-Term Care Home and City
Regina Gardens; Hamilton

Lead Inspector
Barbara Grohmann (720920)

Inspector Digital Signature
Barbara Grohmann
2022.10.06 13:37:37 -04'00'

Additional Inspector(s)
Nishy Francis (740873)
Inspector Pauline Waldon (741071) was present for part of the inspection

INSPECTION SUMMARY

The inspection occurred on the following date(s): September 2, 6-9, 12-15, 2022

The following intake(s) were inspected:

- Intake # 015555-21 (CIS # 2922-000009-21) related to alleged staff to resident abuse.
- Intake # 014879-22 (Complaint) related to personal care, oral care, repositioning, medication administration, nutrition, housekeeping and maintenance.
- Intake # 010724-22 (Complaint) related to personal care, oral care, repositioning, medication administration, nutrition, housekeeping and maintenance.
- Intake # 019918-21 (Complaint) related to personal care, oral care, repositioning, medication administration, nutrition, housekeeping and maintenance.

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

- 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
- Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION - PLAN OF CARE

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 6 (5)

The licensee has failed to ensure a resident's Substitute Decision Maker (SDM) was given the opportunity to participate in the development and implementation of the resident's plan of care related to shaving.

Rationale and Summary
A resident's SDM communicated to staff that they wanted to perform specific personal hygiene tasks for the resident instead of the PSWs. Staff confirmed having that conversation with the resident's SDM and were aware of their preference.

The resident's care plan was not updated with that information. The associate director of care (ADOC) stated when a family member makes such a request, the information would be updated in the care plan. The administrator confirmed that if the SDM verbally communicated that to the staff, they expected the resident's care plan to be updated.

Failure to update the resident's care plan had the potential to deny the resident's SDM the opportunity to participate in developing potential changes to the plan of care related to their preferences.

Sources: resident's clinical records; interviews with the Administrator, ADOC and other staff. [720920]

WRITTEN NOTIFICATION – GENERAL REQUIRMENTS FOR PROGRAMS

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with s. 30 (2) of O. Reg. 79/10 under the Long-Term Care Homes Act, 2007 and s. 34 (2) of O. Reg. 246/22 under the FLTCA

The licensee has failed to ensure that any actions taken with respect to a resident under the nursing and personal support services program, as required in LTCHA s. 8 (1) and FLTCA s. 11 (1), including interventions, were documented for a resident.

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s.

30 (2) of O. Reg. 79/10/LTCHA. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 34 (2) of O. Reg. 246/22 under the FLTCA.

Rationale and Summary

Point of Care (POC) repositioning, oral care and skin integrity documentation was reviewed for several months in 2022. The oral care and skin integrity were scheduled to be performed and documented every shift, and repositioning was scheduled to occur and be documented every two hours.

The records identified that:

- Repositioning was not documented 22 times in January, seven times in February, four times in March, five times in April, twice in May, five times in June, six times in July, nine times in August and once in September.
- Oral care was not documented 15 times in January, six times in February, five times in March, six times in April, eight times in May, six times in June and July, nine times in August and four times in September.
- Skin integrity was not documented 16 times in January, five times in February and March, six times in April, eight times in May five times in June and July, nine times in August and times in September.

A PSW confirmed that the tasks were completed but may not have been documented if they were busy caring for residents. The Administrator confirmed the expectation was that staff would document after care was completed.

Failure to document tasks as required may have resulted in inconsistent care.

Sources: resident's clinical records; interviews with Administrator and other staff. [720920]

WRITTEN NOTIFICATION - DRUGS

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 123 (2)

The licensee has failed to comply with the policy developed for the medication management system to ensure the accurate dispensing of all drugs used in the home.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there are polices and protocols developed for the medication management system to ensure the accurate dispensing of all drugs used in the home and must be complied with.

Specifically, staff did not comply with the policy "Medication Administration", dated December 2017, which was captured in the licensee's Medication Management System.

Rationale and Summary

A resident was prescribed three different eye drops. The ADOC scheduled the administration times for three specific medications to ensure they were administered at times agreeable to the resident's SDM.

The Resident's electronic medical administration record (eMAR) was reviewed for six weeks in 2022.

The records identified that:

i) The first medication was to be administered once a day. On two separate occasions during the review period, the administration was documented 3 to 7.5 hours after the scheduled time.

ii) The second medication was to be administered twice a day. On 10 separate occasions during the review period, the administration was documented 1.5 to 3.75 hours after the scheduled time.

iii) The third medication was to be administered three times a day. On 15 separate occasions during the review period, the administration was documented 1.25 to 6 hours after the scheduled time.

The home's Medication Administration policy stated that staff were to administer the medication as close to the scheduled time as possible and within one hour before or after the designated time. Nurses were expected to sign for the administration of each medication before proceeding to the next resident. The College of Nurses of Ontario Practice Standard: Documentation stated nurses are accountable for ensuring that their documentation is accurate, timely, complete and meets the College's practice standards.

Failure to document medication administration in a timely manner may have resulted in the resident not receiving the eye drops as scheduled and prescribed.

Sources: resident's clinical records, Medication Administration (LTC-CA-WQ-200-06-01; December 2017), College of Nurses of Ontario Practice Standard: Documentation (2008); interviews with the Administrator, ADOC and other staff. [720920]

WRITTEN NOTIFICATION – DIRECTIVES BY MINISTER

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 184(3)

The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every operational or policy Minister's Directive that applies to the long-term care home was complied with.

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In accordance with the Minister's Directive, COVID-19 Guidance Document for Long-Term Care Homes in Ontario, the licensee was required to ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

Rationale and Summary
The Infection Prevention and Control (IPAC) Lead stated that staff were performing COVID-19 symptom monitoring, including temperatures checks, and documented it in the home's surveillance tracking sheets.

The home's Surveillance Tracking Sheets for five weeks in 2022, were reviewed for three resident home areas. Daily COVID-19 symptom monitoring, including temperatures checks, were not documented for:

- Six days on the first resident home area
- One day on the second resident home area, and
- Two days on the third resident home area

Failure to consistently document COVID-19 symptoms had the risk of staff not being aware of symptoms when they first occur.

Sources: Surveillance Tracking Sheets, Minister's Directive: COVID-19 response measures for long-term care homes (August 30, 2022), COVID-19 guidance document for long-term care homes in Ontario (August 30, 2022); interviews with IPAC Lead and other staff. [20920]