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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559
ottawadistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 10th, 2023
Inspection Number: 2022-1578-0002
Inspection Type: Complaint Critical Incident System
Licensee: The Corporation of the City of Kingston
Long Term Care Home and City: Rideaucrest Home, Kingston

Lead Inspector	**Inspector Digital Signature**
Erica McFadyen (740804)	Erica V McFadyen Digitally signed by Erica V McFadyen Date: 2023.01.11 15:52:48 -05'00'

Additional Inspector(s)
Heath Heffernan (622)
Stephanie Fitzgerald (741726)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):

December 6th-9th, 12th, and 20-21st 2022

The following intake(s) were inspected:

Critical Incident Intake: #00002545/ CI: M569-000019-22, #00004152/ CI: M569-000017-22 related to a fall of a resident with injury, for which the resident was taken to the hospital and resulted in a significant change in the resident's health condition

Complaint intake: #00006774- related to plan of care, restorative care, Family Council, safe and secure home.

Complaint intake: #00007058-related to resident care and responsive behaviours

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

Falls Prevention and Management
Infection Prevention and Control
Residents' and Family Councils
Resident Care and Support Services
Safe and Secure Home
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints

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. 12 (1) 3.

On December 6, 2022, inspector #622 observed that the third floor (wing c) janitor closet door could be opened without using the electronic key-fob.

PSW #110 stated that the lock had been functioning the previous day and immediately removed all chemicals from the janitor closet.

The Environmental Services Supervisor #121 stated that on December 6, 2022, when the third floor (wing c) janitor closet door lock was not functioning, all chemicals were removed, and they immediately locked the door using a manual method.

Multiple observations of the third floor (wing c) janitor closet door indicated that the door was being kept locked following December 6, 2022.
[622]

Date Remedy Implemented: December 20, 2022

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care for resident #001, related to a specified intervention, was provided to them, as specified in the plan.

Rationale & Summary:
On a specified date, resident #001 had an unwitnessed fall and was found at the bedside. Immediate assessment showed localized pain. The resident was later transferred to hospital where they were admitted for assessment, and diagnosed with an injury. A review of resident #001's progress notes indicated that a specified intervention was not in place at the time of the fall. A review of the care plan in place for resident #001, showed the specified intervention was to be in place at all times; this was confirmed through staff interviews.

There was an increased risk of injury to resident #001, when the plan of care related to the use of the specified intervention was not complied with as specified in the plan.

Sources: Resident #001 Progress Notes, Resident #001 Care Plan's dated July 21 and August 05, 2022 , Interview with PSW #100, RPN #102, and ADOC # 104.
[741726]

WRITTEN NOTIFICATION: Family Council

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 66 (3)

The licensee has failed to respond to the Family Council in writing within 10 days of being advised by the Family Council of concerns or recommendations.

Rationale and Summary

In an email sent on September 19th 2022 by the Family Council to the Family Council Assistant #109 it was requested that the Administrator provide a written update to the Family Council about the ongoing issue of the broken door leading to the garden. The written response was prepared by Administrator

#103 and was forwarded to the Family Council by Family Council Assistant #109 on October 4th 2022.

During interviews with Family Council Assistant #109 and with Administrator #103 it was confirmed that the licensee did not respond to the concern raised by the Family Council within ten days.

When the licensee fails to respond to the Family Council within ten days, there is the risk of delayed communication between the licensee and the Family Council.

Sources:

Record review of emails sent between the Family Council and the Family Council assistant, interview with Family Council Assistant #109 and Administrator #103
[740804]

WRITTEN NOTIFICATION: Dealing with complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 101 (2)

The licensee has failed to ensure that the documented record of a verbal complaint related to the care and services of resident #002 was kept in the home.

Rationale and Summary
Director of Care (DOC) #117 received a verbal complaint that an incident related to resident #002's care and services had occurred on December 12, 2021.

The licensee complaint records did not include documentation for the verbal complaint related to resident #002 on December 12, 2021.

During an interview on December 8, 2022, Director of Care (DOC) #117 stated that they could not find the documented record for the verbal complaint related to resident #002's care and services on December 12, 2021.

Sources: Progress notes, complaint records and interview with DOC #117.
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