

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: August 3, 2023	
Inspection Number: 2023-1578-0005	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Corporation of the City of Kingston	
Long Term Care Home and City: Rideaucrest Home, Kingston	
Lead Inspector Kayla Debois (740792)	Inspector Digital Signature
Additional Inspector(s) Stephanie Fitzgerald (741726)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): July 20, 21, 24-28, 31, and August 1, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00092569 - Proactive compliance inspection (PCI)

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

- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Quality Improvement
- Pain Management
- Falls Prevention and Management
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Residents' and Family Councils
- Infection Prevention and Control

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Prevention of Abuse and Neglect
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Binding on licensees

NC #001 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 a standard issued by the Director with respect to infection prevention and control was complied with. In accordance with section 9 under the Minister's Directive: COVID-19 response measures for long-term care homes, (August 30, 2022) and the COVID-19 guidance document for long-term care homes in Ontario, the Licensee must post signage at entrances and throughout the home that lists the signs and symptoms of COVID-19, for self-monitoring.

Rationale and Summary:

On July 24, 2023, Inspector observed no signage for passive screening that lists the signs and symptoms of COVID-19 at the visitor entrance. On July 27, 2023, Inspector observed signage titled 'COVID-19 Signs and Symptoms' beside the visitor sign-in book at the entrance that included the various symptoms of COVID-19.

While interviewing the IPAC Lead on July 28, 2023, they stated that the signage was put up yesterday, July 27, 2023, and acknowledged that the signage should have been there at the visitor entrance.

Failing to ensure appropriate COVID-19 signage is posted at the visitor entrance increases the risk of transmission of infectious agents and can result in illness to the residents.

Sources:

Interview with IPAC Lead.

[740792]

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

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The licensee has failed to ensure that the care set out in the bathing and personal hygiene flow sheets for two residents was documented, as well as the dressing flow sheet for one of these residents, and the bladder continence flow sheet for another resident.

Rationale and Summary:

Review of the bathing flow sheets on the Point of Care (POC) documentation system from July 14, 2023 to July 27, 2023, indicated that two residents were missing documentation for bathing on a day in July 2023.

Review of the personal hygiene flow sheets on the POC documentation system from July 14, 2023 to July 27, 2023, indicated that a resident was missing documentation for personal hygiene on two days in July 2023 at 0800 hours and four days in July 2023 at 2000 hours. Another resident was missing documentation for personal hygiene on one day in July 2023, while another resident was also missing documentation for dressing on a day in July 2023.

Review of the bladder continence flow sheets on the POC documentation system from July 14, 2023 to July 27, 2023, indicated that a resident was missing documentation for bladder continence at 0100 hours on three days in July 2023.

On July 31, 2023, a PSW stated that they do not always have the time to complete documentation in POC and the Director of Care (DOC) acknowledged that the documentation for these residents was not completed.

Failing to ensure resident's care is documented can increase the risk of uncertainty whether the care was completed or not.

Sources:

POC documentation for three resident's bathing, dressing, personal hygiene, and bladder continence, interview with PSW and DOC.

[740792]

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

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The licensee has failed to ensure that all doors which led to the non residential areas of the home were kept closed and locked when they are not being supervised by staff.

Rationale and Summary:

While conducting a tour of the home on July 20, 2023, Inspector observed one door to the soiled services room on the first floor, Gardenwalk Terrace, that was unlocked. The room was left unattended and unsupervised, and led to a non-resident area. Staff could not be found within the immediate vicinity of the room. The Inspector immediately brought the open door to the attention of staff in the area, and the staff member closed the door.

During an interview with an RPN, it was confirmed that the door should be locked, and there could be potential risks to a resident if they were to access this room.

By not ensuring that all doors leading to non-resident areas of the home were kept closed and locked, unsupervised residents may have had an opportunity to wander into the non-resident area posing risk of injury or entrapment.

Sources:

Observation occurring on July 20,2023, interview with RPN.

[741726]