

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 27, 2023	
Inspection Number: 2023-1334-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: AXR Operating (National) LP, by its general partners	
Long Term Care Home and City: Ridgeview, Stoney Creek	
Lead Inspector Jennifer Allen (706480)	Inspector Digital Signature
Additional Inspector(s) Nishy Francis (740873)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): January 16 - 18, 20, 23-25, 2023.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00012982 related to plan of care. • Intake: #00017920-[CI: 2849-000002-23] - Fall of a resident resulting in an injury. • Intake: #00003502-[CI: 2849-000008-21] - Fall of a resident resulting in an injury. • Intake: #00015130-[CI: 2849-000028-22] - Fall of a resident resulting in an injury. <p>The following intakes were completed in this inspection:</p> <p>Intake #00003514, CI#2849-000014-22, and Intake #0004509, CI#2849-000009-22, and Intake #00005712, CI# 2849-000012-21, and Intake #00007876, CI# 2849-000023-22, and Intake #00010912, CI#2849-000024-22, and Intake #00013427, CI#2849-000026-22, and Intake #00015138, CI#2849-000029-22, and Intake #00017920, CI#2849-000002-23 were relating to falls with injuries.</p>

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

- Infection Prevention and Control
- Falls Prevention and Management
- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Contenance Care
- Reporting and Complaints
- Medication 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. 6 (10) (b).**

The licensee has failed to ensure that the plan of care for a resident was reviewed and revised when the resident's care needs changed related to decision making.

Rationale and Summary

A cognitive assessment was completed on a resident and indicated a decline in their decision-making capability from previous assessments. The plan of care was not revised to indicate the change. The Executive Director (ED) and RAI Coordinator confirmed that when the resident's decision making capability changed, the plan of care should have been reviewed and revised.

The resident's current plan of care was updated to include interventions for decision making during the inspection. This non-compliance was identified as having low risk to the resident and was remedied during the inspection.

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Sources: A letter of complaint, clinical records; Interview with the RAI Coordinator and ED.
[740873]

Date Remedy Implemented: January 24, 2023.

WRITTEN NOTIFICATION: PLAN OF CARE

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

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

The licensee has failed to ensure that a resident's substitute decision-maker (SDM), and any other persons designated by the resident or substitute decision-maker were given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Rational and Summary

A complaint was received after a resident was admitted to hospital with a significant change in their medical condition.

A registered staff member documented that a resident appeared to have a change in condition and refused transfer to hospital. The resident's family visited that same day and requested for the resident to be transferred to hospital for further assessment. The SDM stated they were not aware the resident had a change in condition and refused transfer to hospital. The Assistant Director of Care (ADOC) acknowledged the SDM should have been notified of the change in condition and refusal of transfer to hospital.

The SDM felt they were not given an opportunity to fully participate in the resident's plan of care when their medical condition changed, and more support was required.

Sources: Resident progress notes, letter of complaint; Interview with ADOC, and other staff.
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WRITTEN NOTIFICATION: Medication Management

NC #003 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 ensure that all controlled substances are counted at each shift change by two registered staff.

Rational and Summary

During a specified date range, there were eight occurrences where controlled substances were not counted by two registered staff at each shift change. A registered staff member and the Assistant Director of Care (ADOC) stated that two nurses' signatures are required for counting controlled substances at each shift change.

Failure to ensure the accountability of all controlled substances impacts safe medication management and drug therapy outcomes for residents.

Sources: Narcotic and Controlled Drugs Management Policy (CARE13-O20.01, Last reviewed: March 31, 2022); Interviews with registered staff and the ADOC.

[706480]



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

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