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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: August 15, 2024

Inspection Number: 2024-1020-0005

Inspection Type:
Complaint
Critical Incident

Licensee: Sharon Farms & Enterprises Limited

Long Term Care Home and City: Strathcona Long Term Care, Mount Forest

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22-25, 29-31, 2024, and August 1, 2024

The following intake(s) were inspected:

- Intake: #00115261 - Complainant related to skin and wound care
- Intake: #00119543 - Related to skin and wound care
- Intake: #00117238 - Complainant related to multiple care concerns
- Intake: #00120292 - Related to falls

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Continence Care
Medication Management
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting and Complaints

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

Rationale and Summary

The Administrator received a complaint by email. They confirmed that emails were considered to be written complaints, and that the complaint received was not reported to the Director as required.

The home's failure to report may have delayed follow up by the Director.

Sources: Email correspondence, interview with Administrator.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

Rationale and Summary
Peri care was not performed when the resident's incontinence product was changed. The care plan stated, 'provide thorough peri care with each episode of incontinence'.

The Director of Nursing (DON) stated the expectation would be that peri care be performed every time the resident's incontinence product was changed. The DON confirmed that peri care was not provided as per the plan of care.

Not providing the resident with peri care put the resident at risk of skin impairment.

Sources: Care plan, interviews, Director of Nursing (DON).

WRITTEN NOTIFICATION: Administration of drugs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (6)

Administration of drugs
s. 140 (6) The licensee shall ensure that no resident administers a drug to themself unless the administration has been approved by the prescriber in consultation with the resident. O. Reg. 246/22, s. 140 (6).

Rationale and Summary
Medications were left on the resident's bedside table on multiple occasions. The resident was not assisted to take the medications. The instructions in the plan of care were to not leave medications with the resident.

The RN stated, the resident required supervision when taking medications, and you couldn't just leave them with the resident.

The Director of Nursing (DON) said the instructions were to not leave medications with the resident. They confirmed the resident did not receive assistance with taking their medications.

When the resident did not receive assistance, they may have missed taking time sensitive medications, resulting in an exacerbation of their symptoms.

Sources: Clinical records, interviews, Registered Nurse (RN), The Director of Nursing (DON).

COMPLIANCE ORDER CO #001 Transferring and positioning techniques

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Train all personnel support workers (PSW) including Agency staff on the safe use of transfer slings and mechanical lifts, including a demonstration of these practices. The licensee must keep a documented record of the training and education provided, the date it was completed, and who completed the education and who provided the education.

Grounds

The licensee failed to ensure that staff used safe transferring and positioning techniques when assisting a resident.

Rationale and Summary:

Three incidents were identified where the resident was transferred incorrectly.

The Resident Services Coordinator (RSC) and the Director of Nursing (DON) confirmed the resident was transferred incorrectly.

One of the incidents resulted in the resident experiencing pain. The other incidents also put the resident at risk of harm.

Sources: Clinical records, interviews, Resident Service Coordinator (RSC), Director of Nursing (DON)

This order must be complied with by September 20, 2024

COMPLIANCE ORDER CO #002 Skin and wound care

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (1) 4.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

4. Treatments and interventions, including physiotherapy and nutritional care. O. Reg. 246/22, s. 55 (1).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee must:

1. Conduct education on the licensee's Skin and Wound Program policies with the registered nursing staff designated to complete wound treatments.
2. Maintain documentation of the education, including the names of the staff, their designation, and date training was provided.
3. Complete weekly audits of all residents on the third floor where wound treatment is clinically indicated to ensure treatment is provided. The audits are to be completed for a minimum of one month, or until all staff are compliant with completing wound treatments.
4. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken

Grounds

A) The licensee failed to ensure that a resident's areas of altered skin integrity were treated as prescribed.

Rationale and Summary:
Components of the home's Skin and Wound-Prevention & Management Program include Assessment, Management and Monitoring of Residents with Pressure Injuries. When altered skin integrity is evident, the RN/RPN will complete a head to toe assessment in PCC and use the PCC skin and wound evaluation to document and measure the skin affected. Outcome of the program stated: Persons Served will receive Skin and Wound Care based on their individually assessed needs in keeping with a comprehensive, organized, and interdisciplinary Skin and Wound Care Prevention and Management Program.

The resident's plan of care directed Registered staff to apply treatments as per their current Treatment Administration Records (TAR). Of 160 required treatments for the areas of altered skin integrity, 101 were not completed.

There were no progress notes documented for the resident when Registered staff documented "9" in the TAR indicating there would be a progress note related to treatments.

A Registered Nurse (RN) and the Resident Services Coordinator (RSC) stated that wound treatments were not being completed as directed in their TAR for the resident.

When skin and wound treatments were not completed, the resident was placed at risk of worsening skin integrity and infection.

Sources: Homes Policy, Clinical record, Interviews with Registered Nurse (RN) and Resident Services Coordinator (RSC).

B) The licensee failed to ensure that a resident's areas of altered skin integrity

received treatment.

Rationale and Summary:
Components of the home's Skin and Wound-Prevention & Management Program include Assessment, Management and Monitoring of Residents with Pressure Injuries. When altered skin integrity is evident, the RN/RPN will complete a head to toe assessment in PCC and use the PCC skin and wound evaluation to document and measure the skin affected. Outcome of the program stated: Persons Served will receive Skin and Wound Care based on their individually assessed needs in keeping with a comprehensive, organized, and interdisciplinary Skin and Wound Care Prevention and Management Program.

A Resident was assessed to have altered skin integrity. There were no orders for treatment of the altered skin integrity in the Treatment Administration Record (TAR) until approximately 4 weeks after the area was initially identified.

There were no progress notes documented to support that treatment had been administered during this time.

A Registered Nurse (RN) stated that the resident had an area of altered skin integrity that was assessed and treated that same day and then again three days later. They stated there were no treatments then entered for the resident's altered skin integrity for a period of twenty-three days.

The Resident Service Coordinator (RSC) stated that there was no referral completed for the residents altered skin integrity therefore there were no treatments entered in the TAR for this period of time.

When skin and wound treatments were not completed, the resident was placed

at risk of worsening skin integrity and infection.

Sources: Resident clinical record, interviews with Registered Nurse (RN) and Resident Services Coordinator (RSC), Homes policy

This order must be complied with by September 20, 2024

COMPLIANCE ORDER CO #003 Skin and wound care

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee must:

1. Conduct education on the licensee's Skin and Wound Program policies with the registered nursing staff designated to complete weekly wound assessments.
2. Maintain documentation of the education, including the content of the education, the names of the staff who participated in and provided the education, their designation, and date training was provided.
3. Complete weekly audits of all residents on the third floor where a weekly wound assessment is clinically indicated. The audits are to be completed for a minimum of one month, or until all staff are compliant with the process.

4. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

Grounds
A) The licensee failed to ensure that a resident's areas of altered skin integrity were reassessed at least weekly.

Rationale and Summary:
The home's Skin and Wound-Prevention & Management Program directed Registered Staff to complete wound assessments at a minimum of once weekly using the Skin & Wound App.

The resident's care plan directed Registered staff to assess areas of impaired skin integrity weekly and document findings in PCC.

For a period of six months the resident had areas of altered skin integrity that required weekly assessments, of these assessments 59 were not completed.

Registered Nurse (RN) and Resident Services Coordinator(RSC) stated that wound assessments were not completed weekly for the resident.

Sources: Homes Policy, Resident clinical record, Interviews with Registered Nurse (RN) and Resident Services Coordinator (RSC).

B) The licensee failed to ensure that a resident's area of altered skin integrity was reassessed at least weekly.

Rationale and Summary:
The home's Skin and Wound-Prevention & Management Program directed

Registered Staff to complete wound assessments at a minimum of once weekly using the Skin & Wound App.
The resident's care plan directed Registered staff to assess the area of impaired skin integrity weekly and document findings in PCC.

There were no assessments documented for the resident's area of impaired skin integrity for twenty- three days.

The RN and Resident Service Coordinator stated there were no weekly assessments completed for resident.

When skin and wound assessments were not completed for both residents, the areas of impaired skin integrity could not be monitored for the effectiveness of treatment, detection of early changes, and to make necessary adjustments to prevent complications.

Sources: Resident clinical chart, interviews with Registered Nurse (RN) and Resident Services Coordinator (RSC), home's policy.

This order must be complied with by September 20, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.