

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: July 4, 2024	
Inspection Number: 2024-1505-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: Shalom Manor Long Term Care Home	
Long Term Care Home and City: Shalom Manor Long Term Care Home, Grimsby	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Lisa Vink (168)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following dates: June 19, 20, 21, 24, 25, 26, 27 and 28, 2024.</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> • Intake: #00118655 • Proactive Compliance Inspection (PCI) for Shalom Manor.

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Food, Nutrition and Hydration

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Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and 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)

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

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The plan of care for a resident identified they were on a program for hygiene and grooming and staff were to assist with set up and provide verbal cues. A second focus statement for hygiene and grooming in the plan of care identified that the resident required two staff and supervision.

Staff interviewed acknowledged the resident did not require two staff for the provision of care and the plan did not provide clear directions.

On June 28, 2024, the plan of care was revised to be reflective of current hygiene and grooming needs.

Sources: Plan of care for a resident and interviews with the Registered Practical Nurse (RPN) and other staff.

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Date Remedy Implemented: June 28, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.

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

Rationale and Summary

The plan of care for a resident identified their preferred method of bathing. Review of point of care (POC) records indicated the resident was consistently bathed by a method that was not the documented method of choice.

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Staff acknowledged the resident had a change in care needs and that the current method of bathing was effective to meet their needs.

On June 25, 2024, the RPN revised the resident's plan of care to reflect their current needs for bathing.

Sources: Review of plan of care; POC records for a resident and interview with RPN. [168]

Date Remedy Implemented: June 25, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the nursing and personal care program, including interventions and the resident's responses to interventions were documented.

Rationale and Summary

POC documentation identified that a resident was not bathed twice a week in accordance with the bathing schedule.

The RPN indicated there was an error in the task inputted into POC. This error resulted in occasions where staff failed to document care provided, specifically bathing.

On June 25, 2024, the RPN acknowledged with personal support workers (PSW) that the resident was bathed in accordance with the schedule and revised the POC

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task and documented a late entry for the care provided.

Sources: Review of POC records; bathing schedule; progress notes for a resident and interview with RPN.

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Date Remedy Implemented: June 25, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the home's current version of their visitor policy was posted in the home.

Rationale and Summary

In accordance with section 85 (1) of the Fixing Long Term Care Act, 2021, the licensee was to ensure that their visitor policy was posted in the home, in a conspicuous and easily accessible location in a manner that complied with the requirements established by the regulations.

The home's visitor policy was not initially posted in the home and on June 24, 2024, the Director of Care (DOC) posted it on the communication board.

Sources: Observation and interview with the DOC.

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Date Remedy Implemented: June 24, 2024

WRITTEN NOTIFICATION: Duty to respond

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that when the Residents' Council advised them of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee within 10 days of receipt the advice, responded to the Residents' Council in writing.

Rationale and Summary

Review of Residents' Council Meeting Minutes for 2024, identified concerns which were made by the Council to the licensee and a response was not provided to the Council, in writing for all concerns and recommendations identified, within 10 days, as acknowledged by the Manager of Programs and Support Manager.

Failure to respond in writing to Residents' Council concerns or recommendations within 10 days had the potential for issues to not be addressed.

Sources: Review of Residents' Council Meeting Minutes and interviews with the Manager of Programs and Support Manager.

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WRITTEN NOTIFICATION: Duty to respond

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised them of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee within 10 days of receipt the advice, responded to the Family Council in writing.

Rationale and Summary

Review of Family Council Meeting Minutes for 2024, identified concerns which were made by the Council to the licensee and a response was not provided to the Council, in writing for all concerns and recommendations identified, within 10 days, as acknowledged by the Manager of Programs and Support Manager.

Failure to respond in writing to Family Council concerns or recommendations within 10 days had the potential for issues to not be addressed.

Sources: Review of Family Council Meeting Minutes and interviews with the Manager of Programs and Support Manager.

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WRITTEN NOTIFICATION: Cooling Requirements

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 23 (2) (e)

Cooling requirements

s. 23 (2) The heat related illness prevention and management plan must, at a minimum,

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 246/22, s. 23 (2); O. Reg. 66/23, s. 3 (1).

The licensee has failed to ensure that their heat related illness prevention and management plan included a protocol for the appropriate communication of the plan to residents, volunteers, substitute decision-makers, visitors, the Residents' and Family Councils of the home and others where appropriate.

Rationale and Summary

The home's heat related illness prevention and management plan, titled Hot Weather Related Illness Prevention and Management, did not include a protocol for the communication of the plan to the residents, volunteers, substitute decision-makers, visitors, or the Residents' and Family Councils.

Sources: Review of Hot Weather Related Illness Prevention and Management document numbered OO-02-01-16 and interview with the Chief Executive Officer (CEO).

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WRITTEN NOTIFICATION: Air temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

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Air temperature

s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

A June 2024, Resident Home Area Temperature Control Records for a resident room identified 29 occasions when the recoded temperature was 21 degrees Celsius and two occasions where the lounge area was recorded at 21 degrees Celsius.

Failure to ensure that resident spaces in the home were maintained at a minimum temperature of 22 degrees Celsius had the potential to impact residents' comfort.

Sources: Review of June 2024, Temperature Control Records and interview with the Systems Controller.

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WRITTEN NOTIFICATION: Air temperature

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured

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under subsection (2) was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

Ontario Regulation 246/22 s. 24 (2) included the requirement to measure air temperatures in at least two resident bedrooms in different parts of the home and in one resident common area on every floor of the home.

Shalom Manor had resident home areas on four floors.

Temperature Control Records identified occasions where temperatures were not consistently documented every morning, afternoon or evening on one or more resident home areas in the months of March, May and June 2024.

There was a risk that staff in the home were not aware that residents were at risk of heat related illness and or a delay in interventions if temperatures were not taken as required.

Sources: Review of Temperature Control Records for the whole home and interview with the Systems Controller.

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WRITTEN NOTIFICATION: Dining and snack services

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 7.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

7. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.

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The licensee has failed to ensure that residents were served their meals course by course.

Rationale and Summary

Observation of a dining room identified that residents were not served course by course as they were offered their main entrée before their salad was finished and desserts prior to their entrée being finished and cleared away.

By not serving the residents meals course by course, residents may not have consumed their required caloric intake.

Sources: Meal observation and interview with RPN.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

3. The home's Medical Director.

The licensee has failed to ensure that the continuous quality improvement committee was composed of the home's medical director.

Rationale and Summary:

Interview with the home's CEO and continuous quality improvement (CQI) lead they

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had shared that the Medical Director was not part of the CQI committee.

Sources: Interview with the CEO/CQI lead and review of CQI meeting minutes.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the continuous quality improvement committee was composed of the home's Registered Dietitian.

Rationale and Summary:

Interview with the home's CEO/CQI lead they had shared that the Registered Dietitian was not part of the CQI committee.

Sources: Interview with the CEO/CQI lead and review of CQI meeting minutes.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative

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NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee has failed to ensure that the continuous quality improvement committee was composed of the home's pharmacy service provider.

Rationale and Summary:

Interview with the home's CEO/CQI lead they had shared that the pharmacy service provider was not part of the CQI committee.

Sources: Interview with the CEO/CQI lead and review of CQI meeting minutes.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that the continuous quality improvement

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committee was composed of one member of the home's Resident Council.

Rationale and Summary:

Interview with the home's CEO/CQI lead they had shared that a member of the Resident Council was not part of the CQI committee.

Sources: Interview with the CEO/CQI lead and review of CQI meeting minutes.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the continuous quality improvement committee was composed of one member of the home's Family Council.

Rationale and Summary:

Interview with the home's CEO/CQI lead they had shared that a member of the Family Council was not part of the CQI committee.

Sources: Interview with the CEO/CQI lead and review of CQI meeting minutes.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (1)

Continuous quality improvement initiative report

s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that their prepared report on the continuous quality improvement initiative for the home was published on its website.

Rationale and Summary

The CEO acknowledged that the website for Shalom Manor did not include their 2023/24 CQI plan for the home.

Failing to post the CQI plan as required limited the information available to the public for review.

Sources: Review of home's website and interview with the CEO.

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