

Original Public Report

Report Issue Date June 27, 2022

Inspection Number 2022_1148_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Sherwood Park Manor
Brockville, ON

Long-Term Care Home and City

Sherwood Park Manor
Brockville, ON

Lead Inspector

Karen Bunes 720483

Inspector Digital Signature

Additional Inspector(s)

Amber Lam 541

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 25, 26, 27, 28, 29, May 2, 3, 2022

The following intake(s) were inspected:

- Intake 002001-22 CIS # 2640-000003-22

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

- Infection Prevention and Control (IPAC)
- Responsive Behaviours
- Safe and Secure Home

Inspector #541 was present throughout inspection as an observer.

INSPECTION RESULTS

WRITTEN NOTIFICATION- PLAN OF CARE

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

Non-compliance with: LTCHA, 2007 s.6 (1) (c)

The licensee has failed to ensure that resident's plan of care set out clear direction to staff and others who provided direct care to the resident. O.Reg 79/10 s 6. (1) (c)

Rationale and Summary

A resident acted on responsive behaviours by attempting to self harm. Resident's clinical record indicated resident was to be monitored for safety. Staff understanding of the observation schedule put in place as an intervention to prevent re-occurrence was inconsistent. The lack of clear direction decreased the resident's safety and provided opportunities for the resident to act on responsive behaviours.

Sources: Resident's clinical record, care plan and progress notes, interviews with a PSW, a RPN, a RN, the Director of Care, and Sherwood Park Manor's Responsive Behaviour Policy.

WRITTEN NOTIFICATION- RESPONSIVE BEHAVIOURS

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

Non-compliance with: O. Reg. 79/10 s.53 (4) (a)

The licensee has failed to ensure that resident's responsive behaviours triggers were identified and communicated with staff.

Rationale and Summary

Resident had a history of responsive behaviours and self harm. Triggers were not identified in the resident's progress notes or plan of care. Interviews with registered staff revealed staff were unsure of the resident's triggers and no information was communicated regarding possible triggers with front line staff. Failure of the home to identify the resident's behavioural triggers increased the risk of the resident experiencing and acting on ideations of self harm.

Sources: Resident clinical record, care plan and progress notes, interviews with a RPN, a RN, Behavioural Support Services Mobile Response Team notes and Sherwood Park Manor's Responsive Behaviours Policy.

WRITTEN NOTIFICATION- POLICIES, ETC., TO BE FOLLOWED AND RECORDS

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

Non-compliance with: O. Reg. 246/22 s.102 (7) (11)

The licensee failed to ensure that a hand hygiene program is in place in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

Rationale and Summary

As per the IPAC Standard, Section 5.4 (e) The licensee shall ensure that policies and procedures for the hand hygiene program are in place and followed. Hand Washing procedures in the Sherwood Park Manor Handwashing Policy direct staff to use alcohol-based hand rubs and/or handwashing with soap and water when washing resident’s hands. Dining room observations revealed staff consistently used HUGGIES disposable wipes when performing resident hand hygiene prior to entering the dining room. When interviewed; front line and registered staff stated HUGGIES wipes were located at the “washing stations” and were used to wash resident’s hands before meals. The Assistant Director of Care (ADOC) stated she was aware staff use HUGGIES wipes to perform resident hand hygiene prior to meals.

Sources: Dining Room Observations, Interviews with a PSW, a RPN and the ADOC, Sherwood Park Manor’s Handwashing Policy, Revised Date: November 9, 2016, Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April 2014. Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022.

WRITTEN NOTIFICATION- VISITOR POLICY

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154 (1)1

Non-compliance with: O. Reg. 246/22 s.267 (1) (c)

The licensee failed to ensure that the Home’s Visitor Policy complied with applicable directives.

(1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum,

(c) complies with all applicable laws including any applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act*.

Rationale and Summary

Sherwood Park Manor’s Visitor Policy states essential care givers are required to schedule visits and limits the number of essential care givers per visit. In room visits for essential caregivers began on April 21, 2022, although the Assistant Director of Care (ADOC) reported essential caregivers have been permitted in room visits prior to April if preorganized with the home. The ADOC also stated residents are restricted to only 2 essential care givers during in room visits at one time due to space.

Ministry Directives dated March 14, 2020, states “There are no limits on the total number of essential visitors allowed to come into a home at any given time, and homes may not require scheduling or restrict the length or frequency of visits by caregivers. However, in the case where a resident resides in an area of the home in outbreak, is symptomatic or isolating under additional precautions, only one caregiver may visit at a time”.

Sources: Interviews with a Screener, the Resident Support Services Coordinator and the Assistant Director of Care, Sherwood Park Manor’s Visitor Policy, Sherwood Park Manor’s Visit Schedule, COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued: March 14, 2022.

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

email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

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
email: 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.