

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Ottawa Service Area Office
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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Oct 21, 2021	2021_902622_0005 (A1)	006833-21, 014110-21, 014931-21	Critical Incident System

Licensee/Titulaire de permisThe Religious Hospitallers of St. Joseph of Cornwall, Ontario
14 York St Cornwall ON K6J 5T2**Long-Term Care Home/Foyer de soins de longue durée**St. Joseph's Continuing Care Centre
14 York Street Cornwall ON K6J 5T2**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

Amended by HEATH HEFFERNAN (622) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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An error was identified in the Public Report. Personal health information was amended to ensure that Personal Information- Personal Health Information, (PIPHI), information was respected.

Issued on this 21st day of October, 2021 (A1)

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

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Licensee/Titulaire de permis

The Religious Hospitallers of St. Joseph of Cornwall, Ontario
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Long-Term Care Home/Foyer de soins de longue durée

St. Joseph's Continuing Care Centre
14 York Street Cornwall ON K6J 5T2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

Amended by HEATH HEFFERNAN (622) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): September 21, 22, 23, 24, 27, 28, 29, 2021 and October 1, 4, 5, 2021.

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The following intakes were completed in the Critical Incident System Inspection:

- Log # 014110-21 (CIS # 3012-000011-21), related to a resident fall with injury, requiring transfer to hospital and significant change in status.**
- Log # 006833-21 (CIS # 3012-000004-21), related to a medication incident.**
- Log # 014931-21 (CIS # 3012-000012-21), related to responsive behaviours and alleged resident to resident physical abuse.**

It is noted that inspector Pamela Finnikin # 720492 was an observer during this inspection during the following days: September 23,24, 27,28 and 29, 2021.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Nursing Care Coordinator (NCC), Director of Support Services, Director of Therapeutic Services, Health and Safety Education Coordinator, Family/Resident Program Support, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Behavioural Support Ontario (BSO) PSW and the residents.

Also during the inspection, the inspector reviewed critical incident system reports (CIS), pertinent resident health records, licensee's investigation documents, the licensee's policies specific to; Medication Incident Reporting-policy #14-a-70 dated April 22, 2020, Diabetic Care Protocol- policy #11-a-122 dated June 2021, Resident and Patient Falls Prevention Program - policy #15-a-59 dated April 21, 2021, Infection Control - Hand Care Program - policy #9-a-43 dated June 16, 2021, Infection Control - Routine Practices - policy #9-a-48, Just Clean Your Hands Implementation Guide, observed the provision of care and services to residents, resident to resident interactions, and infection prevention and control measures, as well as toured

the long-term care home.

The following Inspection Protocols were used during this inspection:

- Falls Prevention**
- Infection Prevention and Control**
- Medication**
- Prevention of Abuse, Neglect and Retaliation**
- Responsive Behaviours**

During the course of the original inspection, Non-Compliances were issued.

- 3 WN(s)**
- 3 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.) Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

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,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

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(A1)

1. The licensee has failed to ensure that there was a written plan of care for a resident that set out clear directions related to their transfer and ambulation status to staff and others who provide direct care to the resident.

A resident who was at risk for falls, had fallen in their room. The resident was admitted to the hospital the following day with injuries and a significant change in condition. The resident returned to the long-term care home on a later date with specific care directives.

The licensee's investigation documentation included a document titled; Transfer Status Discrepancy, which stated that there was a discrepancy concerning the resident's transfer status between the physiotherapy and the activity of daily living nursing plan of care.

During an interview, the Nursing Care Coordinator (NCC) stated that the resident's transfer and ambulation interventions were based on the physiotherapy assessments. Staff receive direction for transfers and ambulation status from the care plan and the transfer status logo placed at the resident's head of bed. The NCC stated the resident's transfer status logo had indicated that the resident required one staff and the use of an assistive device at the time of the resident's fall.

The care plan stated under activity of daily living (ADL), that the resident was independent with an assistive device, while the physiotherapy section stated that the resident required supervision of one staff and the use of an assistive device for transfers and ambulation.

During interviews, PSWs #116 and #118 indicated that the resident was independent for transfers and ambulation with their assistive device.

During an interview, the NCC indicated that the physiotherapy, nursing ADL and beside transfer logo should have provided the same information regarding the resident's transfer and ambulation needs, in this case there was a discrepancy and as a result, the plan of care was not offering clear direction to staff.

Sources: The licensee's investigative notes; the resident's care plan; and interviews with the NCC and other staff. [s. 6. (1) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131.
Administration of drugs**

Specifically failed to comply with the following:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

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1. The licensee has failed to ensure that a medication was administered to a resident in accordance with the directions for use specified by the prescriber.

A Registered Practical Nurse (RPN) administered a medication to a resident in error. The physician's order stated to hold the medication if the resident's specific blood level was less than a specified number. The resident's specified blood level taken prior to the medication administration was less than the specified number in the physician's order.

The RPN realized the medication error during a later medication pass the same date and informed the Registered Nurse (RN). Despite staff intervention, the resident's specified blood level continued to decrease. The physician was notified two separate times following the medication incident and ordered a specified medication to be administered each time. The specified medication was effective in treating the residents low specified blood level.

During an interview, the RPN stated that they had administered the medication to the resident in error. They indicated that they had not read the full direction for the resident's medication which led to the medication error.

When steps are not taken to ensure that medications are administered to residents in accordance with the directions for use specified by the prescriber, it places risk on resident comfort and safety.

Sources: the eMAR, physician's orders, progress notes, risk management documentation and interview with the RPN and other staff. [s. 131. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

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1. The licensee has failed to ensure that all staff participate in the implementation of the Hand Hygiene program.

O. Reg. 79/10, s. 229 (9). stated that the licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

On September 21, 2021, inspector #622 observed 30 residents during lunch service. 20 out of 30 residents had been removed from the dining room without staff assistance to clean their hands, the remaining ten residents remained in the dining room completing their meal service.

During an interview, the Health, Safety and Education Coordinator #102 stated that as a base for the hand hygiene program the home followed the "Just Clean Your Hands" guidelines which stated that residents were to have their hands cleaned before and after meals.

When steps are not taken to assist residents in performing hand hygiene before and after meals, it places risk on resident infection prevention and control.

Sources: Observation of resident hand hygiene, the Just Clean Your Hands Implementation Guide and interview with the Safety and Education Coordinator #102. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the Hand Hygiene program, to be implemented voluntarily.

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Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.