

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: February 8, 2023	
Inspection Number: 2022-1507-0001	
Inspection Type: Complaint Critical Incident System	
Licensee: The Religious Hospitallers of St. Joseph of Cornwall, Ontario	
Long Term Care Home and City: St. Joseph's Continuing Care Centre, Cornwall	
Lead Inspector Pamela Finnikin (720492)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 7-8, 12-13, 15-16, 21-23, 28-29, 2022 and January 3-4, 2023.

The following intake(s) were completed in this complaint inspection:

Intake: #00003145, #00003370 and #00006559 were related to Residents' Rights and Choices, Nutrition, Prevention of Abuse/Neglect, Resident Care and Support Services;

Intake: #00006416 and #00013772 were related to Pain Management, Fall Prevention and Resident Care and Support Services;

Intake: #00006420 was related to Resident Care and Support Services, Reporting and Complaints and Medication Management.

The following intake(s) were completed in this Critical Incident System (CIS) inspection:

Intake: #00006145, CIS #3012-000006-22 was related to Falls Prevention and Management.

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

Falls Prevention and Management

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Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Pain Management
Prevention of Abuse and Neglect
Reporting and Complaints
Resident Care and Support Services
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O.Reg. 246/22, s. 53 (1) 1.

The licensee has failed to ensure that the Falls Prevention and Management policy was complied with for a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to have a falls prevention and management program to reduce the incidence of falls and the risk of injury, and it must be complied with.

Specifically, staff did not comply with the policies, "Resident and Patient Falls Prevention Program", and the "Head Injury Assessment and Management", which were included in the licensee's falls Prevention and Management Program.

The Falls Prevention and Management policy procedure 2.4 directed that post fall, the Registered Nurse will: Complete the "Post Falls Vital Assessment" on Point Click Care (PCC).

The Head Injury Assessment and Management policy states that, All residents/patients with confirmed or suspected trauma to the head shall have a preliminary neurological nursing assessment conducted at the time of injury. The policy procedure 1.1 directed that the Registered Nurse will: Conduct a complete neurological exam at the time of incident including a physical examination for visible head trauma.

Rationale and Summary

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A review of the resident's health care records in PCC confirmed that no post fall vitals or Head Injury Routine (HIR) were found for two falls sustained by the resident in April 2022.

An interview with a Registered Practical Nurse (RPN) confirmed that no post vital assessments or HIR were completed in PCC for a resident who sustained two falls in April 2022.

An interview with the Nursing Care Coordinator confirmed that a post vital assessment is required for each fall, and a HIR is required for each unwitnessed fall for residents and that neither were completed in April 2022 for the resident's falls, one of which was unwitnessed and required a HIR be initiated.

Failure to complete a Post Falls Vital Assessment and HIR as per policy puts the resident at risk for potential delay in resident receiving an assessment for further injury or change in health status.

Sources: Resident and Patient Falls Prevention Program Policy, #15-a-59, dated April 2021, the Head Injury Assessment and Management Policy, #11-a-139, dated July 2020, the resident's health care record, and an interview with an RPN and the Nursing Care Coordinator.

[720492]

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #002 Compliance Order #001 pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 102 2 (b)

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

Non-compliance with: O.Reg. 246/22, s. 102 2 (b)

The licensee shall:

- A. Educate PSWs and Registered Staff on hand hygiene as per evidence based best practice standards.
- B. Perform weekly audits to ensure that staff are following the licensee's Infection and Prevention Program with regards to: Hand hygiene. The audits are to be conducted until consistent compliance to the Infection and Prevention Program described above is demonstrated.
- C. Take corrective actions to address staff non-compliance related to hand hygiene as identified in the audits.

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D. Written records of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, Additional Precautions requirement 10.4, the licensee failed to ensure that residents received support to perform hand hygiene prior to receiving meals and snacks.

As per O. Reg 246/22, s. 102 (2) (b), the Licensee shall implement any standard or protocol issued by the Director with respect to IPAC.

Specifically, the home failed to ensure that staff participate in the hand hygiene program in accordance with the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022” (IPAC Standard) issued by the director.

Rationale and Summary

Observations made at lunch time on December 12 and 15th, 2022 of multiple residents entering the dining area or being assisted by staff into the dining room, showed that residents’ hands were not cleaned before the meal. Signage was observed on the wall of second and third floor dining room areas requesting that staff assist residents in performing hand hygiene before and after meals.

An interview with a PSW confirmed that staff are responsible to wash the residents’ hands before and after meals, however, it is not regularly done and the home was not enforcing it. Interview with an RPN confirmed that the staff are responsible to ensure hand hygiene is performed for residents prior to meal times, but couldn't confirm this was being done regularly. The IPAC Lead confirmed that a hand hygiene program is in place and that all staff are trained annually and complete educational modules on line.

Lack of hand hygiene increases the risk of disease transmission among residents and staff.

Sources: Meal time observations made by Inspector #720492, signage in dining room areas, the Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022 (IPAC Standard), and interviews with Registered Staff, Personal Support Workers and IPAC Lead.

[720492]

This order must be complied with by March 1, 2023

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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

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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:

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.