

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

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| Report Issue Date: May 27, 2024 | |
| Inspection Number: 2024-1510-0003 | |
| Inspection Type: Critical Incident | |
| Licensee: St. Patrick's Home of Ottawa Inc. | |
| Long Term Care Home and City: St. Patrick's Home, Ottawa | |
| Lead Inspector Cheryl Leach (719340) | Inspector Digital Signature |
| Additional Inspector(s) Margaret Beamish (000723) | |

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 1, 2, 3, 6, 7, 9, 2024

The following intake(s) were inspected:

- Intake: #00111847-CIR 3015-000015-24-Resident to resident sexual abuse.
- Intake: #00111917-CIR 3015-000017-24-Complaint regarding pest control.
- Intake: #00111924-CIR 3015-000016-24-Resident to resident physical and verbal abuse.
- Intake: #00112086-CIR 3015-000018-24-Resident to resident physical abuse.
- Intake: #00112401-CIR 3015-000021-24-Resident to resident physical abuse.
- Intake: #00114066-CIR 3015-000026-24-Fall with injury resulting in a significant change in condition.

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The following Inspection Protocols were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Reporting and Complaints
- Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

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

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 licensee has failed to ensure that when a resident was transferred using a sit to stand lift, that a second staff member was present.

In accordance with O. Reg. 246/22 s. 11 (1) (b) the licensee is required to ensure that their policy for transferring and positioning techniques is complied with. Specifically, the licensee's "Lifting, Transferring and Repositioning of Residents" policy stated that a second staff member must be present when using a sit to stand lift to support and stabilize the resident.

Rationale and Summary:

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A resident had an unwitnessed fall resulting in an injury. It was noted in the Critical Incident Report (CIR) that the resident had been transferred using a sit to stand lift by a Personal Support Worker (PSW) without a second staff member present.

The home's Lifting, Transferring and Repositioning of Residents policy stated that a second staff member must be present when using a sit to stand lift to support and stabilize the resident.

The PSW stated that the resident was transferred using a sit to stand lift without a second staff member present. The PSW stated that they had been trained on the requirement of two staff members for sit to stand lift transfers.

Assistant Vice President of Nursing (AVPN) and Director of Care (DOC) stated that two staff are required when using a sit to stand lift to transfer a resident.

As such, failing to have two staff members present when transferring a resident using the sit to stand lift potentially placed the resident at increased risk of injury.

Sources: Critical Incident Report, Lifting, Transferring and Repositioning of Residents policy and interviews with PSW, AVPN and DOC.

[719340]

COMPLIANCE ORDER CO #001 Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

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s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

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

The licensee shall:

- 1) Educate all Registered Nurses, Registered Practical Nurses and Personal Support Workers on Dementia Observation System (DOS) behaviour monitoring documentation.
- 2) Complete an audit for each resident who has had DOS behaviour monitoring initiated for a period of four consecutive weeks, to determine if the documentation was completed as required.
- 3) Take corrective action if the audits determine non-adherence with DOS behaviour monitoring documentation.
- 4) Keep a written record of 1-3 including a copy of the education provided, those who attended with dates and times, as well as the name of the person(s) who provided the education until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that when resident's demonstrated verbal, physical or sexual responsive behaviours, that actions were taken to respond to the

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resident's needs, including assessment, reassessment, interventions, and that the resident's responses to interventions were documented.

A.

Rationale and Summary:

On a specified date, a resident exhibited verbally and physically responsive behaviours towards another resident. The resident was started on Dementia Observation System (DOS) monitoring post incident for seven days as ordered by the physician.

The DOS monitoring documentation was reviewed for the seven day observation period and it was noted that there were several dates and times that were not completed.

A Behavioural Supports Ontario Personal Support Worker (BSO PSW) and a Registered Practical Nurse (RPN) stated that the expectation is that when DOS monitoring is initiated, that resident behaviours are to be documented on the DOS sheets every half hour for at least five days.

The Director of Care (DOC) acknowledged that staff should have completed the documentation for the identified missing DOS entries.

As such, failing to complete the documentation for the DOS behaviour monitoring assessment as ordered by the physician potentially increased the risk of the resident's verbally and physically responsive behaviours not being fully analyzed and evaluated, placing the resident and other residents at risk of harm.

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Sources: Resident's health records, DOS behaviour monitoring sheets and interviews with BSO PSW, RPN and DOC.

[000723]

B.

Rationale and Summary:

On a specified date, a resident exhibited sexual responsive behaviours towards another resident. The resident was started on DOS monitoring post incident for two weeks as ordered by the physician.

The DOS monitoring documentation was reviewed for the two week observation period and it was noted that there were several dates and times that were not completed.

BSO PSW's, Assistant Vice President of Nursing (AVPN) and DOC stated that the expectation is that when DOS monitoring is initiated, that resident behaviours are to be documented on the DOS sheets as required for the ordered time period.

As such, failing to complete the documentation for the DOS behaviour monitoring assessment as ordered by the physician potentially increased the risk of the resident's sexual responsive behaviours not being fully analyzed and evaluated, placing the resident and other residents at risk of harm.

Sources: Resident's health records, DOS behaviour monitoring sheets, and interviews with BSO PSW's, AVPN and DOC.

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[719340]

C.

Rationale and Summary:

On a specified date, a resident exhibited sexual responsive behaviours towards another resident. The resident was started on DOS monitoring post incident for two weeks as ordered by the physician.

The DOS monitoring documentation was reviewed for the two week observation period and it was noted that there were several dates and times that were not completed.

BSO PSW's, AVPN and DOC stated that the expectation is that when DOS monitoring is initiated, that resident behaviours are to be documented on the DOS sheets as required for the ordered time period.

As such, failing to complete the documentation for the DOS behaviour monitoring assessment as ordered by the physician potentially increased the risk of the resident's sexual responsive behaviours not being fully analyzed and evaluated, placing the resident and other residents at risk of harm.

Sources: Resident's health records, DOS behaviour monitoring sheets, and interviews with BSO PSW's, AVPN and DOC.

[719340]

This order must be complied with by July 19, 2024

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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

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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



Inspection Report Under the
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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.