

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: February 14, 2025

Inspection Number: 2025-1585-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Regional Municipality of Waterloo

Long Term Care Home and City: Sunnyside Home, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 4 - 14, 2025.

The inspection occurred offsite on the following date: February 13, 2025.

The following intake(s) were inspected:

- Intake: #00131431 - Falls prevention and management.
- Intake: #00132210 - Continence care and management.
- Intake: #00132848 - Abuse of a resident.
- Intake: #00135817 - An injury of unknown cause.
- Intake: #00136062 - Missing controlled substance.
- Intake: #00136425 - Falls prevention and management.
- Intake: #00137127 - Unexpected death of a resident.
- Intake: #00137418 - Missing controlled substance.
- Intake: #00137841 - Complaint related to resident care.

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

Resident Care and Support Services

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Continence Care
Medication Management
Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that staff immediately report the suspicion of neglect of a resident by staff to the Director.

According to FLTCA s. 154 (3), the licensee is vicariously liable when a staff member failed to comply with subsection 28 (1) 2.

An incident related to suspected neglect of a resident was reported a day after it occurred.

Sources: Interviews with staff, after hours line, resident's progress note, and the

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home's abuse policy.

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to comply with the home's falls prevention and management program when staff did not follow the resident's care plan for fall interventions.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the falls prevention and management program were complied with.

Sources: Observation, interview with staff, resident's care plan, staff documentation, and the home's fall policy.

WRITTEN NOTIFICATION: Skin and Wound Care

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

Non-compliance with: O. Reg. 246/22, s. 55 (1) 2.

Skin and wound care

s. 55 (1) The skin and wound care program must, at a minimum, provide for the

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following:

2. Strategies to promote resident comfort and mobility and promote the prevention of infection, including the monitoring of residents.

The licensee has failed to comply with the policy that the PSW would report verbally to the RPN any new altered skin integrity issue.

In accordance with Ontario Regulation 246/22, s. 11 (1) (b), the licensee is required to ensure that the written policy that deals with Skin and Wound Care must comply with.

A personal support worker (PSW) failed to report a newly identified alteration in skin integrity to the registered staff for a resident.

Sources: Policy (Skin and Wound Care Program), LTCH's investigation notes and interview with staff.

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee failed to ensure that a resident had sufficient changes to remain clean, dry and comfortable.

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Staff did not follow the resident's toileting routine as set out in their care plan.

Sources: Resident's documentation, care plan, and progress notes. Record review of the home's investigation notes, and interviews with staff.

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee failed to ensure that written policies and protocols were followed for the medication management system to ensure the accurate acquisition and storage of all drugs used in the home.

In accordance with Ontario Regulation 246/22, s. 123 (3) (a), the licensee is required to ensure that the written policies and protocols for the medication management system are implemented.

The home's policy directs staff to ensure medications packaging and product integrity is intact during shift change, and staff did not follow this policy when the packaging of a controlled substance was found empty.

Sources: The home's policy on controlled medications, and Interviews with staff.