Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
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Original Public Report

Report Issue Date: May 9, 2024	
Inspection Number: 2024-1511-0002	
Inspection Type: Critical Incident	
Licensee: Mennonite Brethren Senior Citizens Home	
Long Term Care Home and City: Mennonite Brethren Senior Citizens Home, St Catharines	
Lead Inspector Klarizze Rozal (740765)	Inspector Digital Signature Klarizze Mae S Rozal Digitally signed by Klarizze Mae S Rozal Date: 2024.05.21 09:39:14 -04'00'
Additional Inspector(s) Stephanie Smith (740738)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 29-30, 2024 and May 1-2, 2024

The following intake(s) were inspected:

- Intake: #00105363 - Critical Incident (CI) 3016-000001-24 related to falls prevention and management.
- Intake: #00113208 - CI 3016-000002-24 related to falls prevention and management.
- Intake: #00113922 - CI 3016-000003-24 related to infection prevention and control.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
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 ensure that the falls prevention and management program provided for strategies to reduce or mitigate falls for a resident.

In accordance with Ontario Regulation (O. Reg.) 246 / 22, s. 11 (1) (b), the licensee was required to ensure that the falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls and must be complied with.

Specifically, staff did not comply with the home's policy "Falls Prevention and Management Program," which was included in the home's falls prevention and management program.

Rationale and Summary
A resident was identified in their plan of care to be a high risk for falls and was a part of the home's specified falls prevention program. Observations during the inspection showed that the resident did not have a specified falls prevention intervention in place. The home's fall policy indicated that residents at a high risk for falls would have that specified falls prevention intervention in place. The Director of Care (DOC) acknowledged the same.

This was remedied on a specified date, when the resident was observed to have the specified falls prevention intervention in place.

Sources: Observations, a resident's clinical record, interview with the DOC, and the home's falls prevention and management policy. [740738]

Date Remedy Implemented: May 2, 2024

WRITTEN NOTIFICATION: Documentation

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care was documented for a resident.

Rationale and Summary
A resident was sent out to hospital and upon their return, a specific intervention for care was implemented.

Record reviews concluded that the specified intervention was not documented multiple times for this resident. The DOC acknowledged that the expectation for direct care staff was to complete the documentation before the end of their shift.

Sources: A resident's documentation and clinical record, and interview with the DOC. [740738]

WRITTEN NOTIFICATION: Bed rails

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 18 (1) (a)
Bed rails
s. 18 (1) Every licensee of a long-term care home shall ensure that where bed rails are used,
(a) the resident is assessed and the resident's bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident

The licensee has failed to ensure that where bed rails were used for a resident, the resident was assessed and their bed system was evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident.

Rationale and Summary
A resident was observed to have a bed rail present on their bed. The resident's assessments were reviewed and there was no resident assessment or bed system

evaluation conducted.

There was no documentation to support that the resident had been assessed for the use of bed rails or that their bed system was evaluated. The DOC acknowledged these gaps were present and the home was working on updating their policy to correct this.

Failure to ensure that a resident was assessed, and their bed system evaluated put the resident's safety and well-being at risk.

Sources: A resident's clinical record, the home's bed rails and restraints and personal assistance devices policies, and interview with the DOC and others. [740738]

WRITTEN NOTIFICATION: Skin and wound care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (a) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(ii) upon any return of the resident from hospital

The licensee has failed to ensure that a resident at risk of altered skin integrity received a skin assessment upon return from hospital.

Rationale and Summary
A resident was sent to the hospital on a specified date and returned to the home three days later. The resident's clinical records showed there was no head to toe

skin assessment completed for the resident after their return. A registered staff confirmed that the resident should have received a head to toe skin assessment after their return from hospital.

Failure to ensure that the resident received a head to toe skin assessment after their return from hospital put the resident at risk for unrecognized altered skin integrity.

Sources: A resident's care record and an interview with staff. [740738]

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment

The licensee has failed to ensure that a resident exhibiting altered skin integrity received a skin assessment using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment.

Rationale and Summary
A resident sustained a skin alteration on a specified date. The resident's clinical record showed that there was no wound assessment conducted of the skin alteration. A registered staff confirmed that the resident should have received a wound assessment for the skin alteration.

Failure to ensure that a resident received a wound assessment put the resident at risk for potential unrecognized wound deterioration or infection.

Sources: A resident's clinical record and an interview with staff. [740738]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (4) (e)
Infection prevention and control program
s. 102 (4) The licensee shall ensure,
(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) program was evaluated and updated at least annually in accordance with the standards and protocols issues by the Director.

In accordance with the IPAC Standard for Long-Term Care Homes, indicated under section 8.1, subsection (a) in addition to the requirement to ensure that the IPAC program was evaluated and updated at least annually, the licensee was to ensure that the IPAC program, including the IPAC policies and procedures, were reviewed and updated, more frequently in accordance with emerging evidence and best practices.

Rationale and Summary
A review of the IPAC policies provided to the inspector during inspection were not reviewed since June 2015. The IPAC lead acknowledged that revising and reviewing

the IPAC policies and procedures were part of their annual IPAC program evaluation and the IPAC policies and outbreak management plan were not up to date with current evidence based practices.

Failure to ensure the policies and procedures of the IPAC program were evaluated and updated at least annually increased the risk for residents to receive care that was not as per emerging evidence and current best practices.

Sources: IPAC Standard for Long Term Care Homes, April 2022, review of the Routine Precautions and Additional Precautions Policy, Personal Protective Equipment Policy, Outbreak Management Plan and Checklist, and interview with the IPAC lead. [740765]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (11) (a)
Infection prevention and control program
s. 102 (11) The licensee shall ensure that there are in place,
(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts

The licensee has failed to ensure that the home's outbreak management system for detecting, managing, and controlling infectious disease outbreaks included a communication plan and protocols for receiving and responding to health alerts.

Rationale and Summary

The home's current Outbreak Management Plan and Checklist, last reviewed June 2015, did not indicate specific communication plans and protocols for receiving and responding to health alerts, as acknowledged by the IPAC lead.

Sources: Review of Outbreak Management and Checklist, reviewed June 2015, and interview with the IPAC lead. [740765]