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

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: May 23, 2023
Original Report Issue Date: May 1, 2023
Inspection Number: 2023-1094-0003 (A1)
Inspection Type: Complaint Follow up Critical Incident System
Licensee: Lutheran Homes Kitchener-Waterloo
Long Term Care Home and City: Trinity Village Care Centre,Kitchener

Amended By	**Inspector who Amended Digital Signature**
Nuzhat Uddin (532)	Nuzhat J Uddin Digitally signed by Nuzhat J Uddin Date: 2023.05.24 12:48:14 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to reflect the change in the Compliance due date (CDD) for Order #001 and #002.

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Lead Inspector Nuzhat Uddin (532)	**Additional Inspector(s)**
Amended By Nuzhat Uddin (532)	**Inspector who Amended Digital Signature** Nuzhat J Uddin Digitally signed by Nuzhat J Uddin Date: 2023.05.24 12:48:41 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to reflect the change in the Compliance due date (CDD) for Order #001 and #002.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 2-3, 6-9, and 14-16, 2023.

The following intake(s) were inspected:

- Intake: #00017007, and Intake: #00022846 were related to fall resulting in injury.
- Intake: #00018898-Follow-up #001 FLTCA, 2021, s. 24 (1).
- Intake: #00020989 was related to palliative care and pain management.

The following intakes were completed in this inspection:

- Intake #00014343; Intake # 00015280, and Intake #00016272, were related to falls with injury.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2022-1094-0002 related to FLTCA, 2021, s. 24 (1) inspected by Nuzhat Uddin (532)

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Palliative Care
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

The licensee has failed to ensure that the Director was informed of an incident that caused an injury to a resident for which the resident was taken to a hospital and that resulted in a significant change in the resident's health condition.

Rationale and Summary:

Record review for a resident indicated that they had a fall with injury. They were transferred to hospital and required surgery in relation to the injury.

DOC #101 said that the Director was not informed through submission of a critical incident.

By not reporting the alleged incident that caused an injury to the Director, it may have delayed actions required to respond to the incident.

Sources: Record review and interview with the DOC and other staff.

[532]

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (11) (b)

A resident was a risk of falls.

The plan of care for falls included specified interventions.

The resident sustained a fall with multiple injuries.

The plan of care was not revised to add new interventions and the resident sustained another fall with injuries that resulted in harm to the resident.

The Nursing resource lead stated that no changes were made to the plan of care and different approaches were not considered after the fall.

The DOC stated that different approaches could have been trialed in the revision of plan of care.

Not considering different approaches in the revision of the plan of care, placed the resident at risk of falls and injures.

Sources: Record review, plan of care, fall risk assessment, risk management, interview with Nursing resource lead, DOC and other staff.

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COMPLIANCE ORDER CO #001 Fall prevention program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
a) Ensure that Registered Practical Nurse (RPN) #113 and all other registered staff receive retraining on the LTCH's Fall policy, procedures, falls prevention and injury reduction (e.g., communication strategies, post-fall procedures).
b) Document the education, as outlined in a), including the date, format, staff attending the training, including the staff member who provided the education

Grounds
The licensee has failed to comply with the falls prevention program for resident #002.

In accordance with O. Reg 246/22 s. 11(1) b, the licensee is required to ensure that there is a written description of the fall prevention program that includes relevant policies and procedures for the provision and management of skin care, and they must be complied with.

Specifically, staff did not comply with the LTCH's Falls policy reviewed February 2021 and revised on January 2023. The policy under procedure stated that where there was obvious injury make the resident comfortable in the position that they were found, do not move them and contact Physician and EMS.

Rationale and Summary

A resident sustained a fall with multiple injuries and based on nursing assessment the resident complained of pain in a specified area.

An RPN did not notify a registered nurse for further assessment and did not contact the physician despite the resident's complaints of pain and there being apparent injuries.

For three days following the incident, the resident refused a number of meals and only took fluids.

Three days after the fall, the physician assessed the resident and noted extensive injury to a specified area. The resident was diagnosed, and treated with medical interventions.

The DOC indicated that staff should have contacted the physician immediately after the incident.

The nursing staff failed to report the resident's injuries to the physician for specified number of days; despite obvious injuries which delayed the diagnosis and treatment, causing significant impact to the resident.

Sources: LTCH's fall policy, last revised January 2023, fall risk assessment, progress notes, interview with an RPN, DOC and other relevant staff.

This order must be complied with by June 9**,** 2023

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COMPLIANCE ORDER CO #002 Palliative care

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 61 (4) (a)

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

a) Ensure that all registered staff receive retraining and education on palliation and comfort measures including appropriate pain assessment and symptom management.

b) Ensure that there is a record kept in the home of the retraining including the name of the person who provided the training, the names of the persons who attended the training, what was reviewed in the training, and date the training was conducted.

c) Ensure that each resident that is deemed end of Life (EOL) has their plan of care for palliation and comfort measures updated to include specific directions related to pain management interventions.

d) Conduct a weekly audit of all EOL care residents at the Home to ensure that their pain and symptom management measures are implemented by staff. The audit should continue for a month or until such time as the home believes they are in compliance.

e) Ensure that all audits are documented and include the dates and names of those that completed them as well as the actions taken by the home, in response to the results.

Grounds
The licensee has failed to ensure that based on the assessment of the resident's palliative care needs, the palliative care options made available to the resident included, at a minimum symptom management.

A complaint was received related to symptom management for the end of life care of a resident and in the same complaint it was further noted that interventions related to end of life were not implemented.

A resident was deemed “end of life” (EOL) and orders were received but not implemented.

A) According to the DOC, there was no documentation in relation to the intervention in the medication administration record (MAR). The DOC said that intervention should have been implemented and acknowledged that the resident received a number of medications prior to the interventions.

B) An RPN shared that based on a resident’s pain assessment, the resident was comfortable and did not require the pain medication as needed.

Hourly pain AD reports indicated the resident's pain levels fluctuated and the Substitute Decision Maker (SDM) also reported that the resident was in pain.

The medication administration record (e-MAR) indicated that the resident received pain medication. On three different occasions it was documented that the administration of pain medication was ineffective to relieve the resident's pain; however, no further as needed (PRN) pain medication was provided for approximately one and a half to two and a half hours. In addition, on one occasion no further PRN pain medication was administered despite the pain score being high.

The physician ordered a scheduled pain medication in addition to the PRN.

The DOC indicated that based on the pain AD assessment, PRN pain medication should have been administered or the dosage should have been increased if the resident continued to be in pain. The DOC said they advised three different nurses to increase the dosage and decrease the frequency for the medication to control pain, but the recommendations were not followed through until the next day when they informed the physician.

Failure to manage resident's symptoms according to end of life orders resulted in ongoing pain for the resident.

Sources: Record review i.e., plan of care, progress notes, medication administration record, physicians’ orders , interview with the DOC, RPN and other relevant staff.

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This order must be complied with by June 9, 2023

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

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.