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

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Public Report

Report Issue Date: April 16, 2025

Inspection Number: 2025-1290-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Mohawk Council of Akwesasne

Long Term Care Home and City: Tsiionkwanonhsote, Akwesasne

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 2, 3, 4, 7, 9, 10, 11, 14, 15, 16, 2025
The inspection occurred offsite on the following date(s): April 8, 2025

The following intake(s) were inspected:

- Intake: #00143563 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement

Pain 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: FLTCA, 2021, s. 85 (3) (c)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee failed to ensure information, which is required by the Act, was posted in the long-term care home, specifically the policy to promote zero tolerance of abuse and neglect of residents. Pursuant to FLTCA, 2021, s. 85 (1), Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirement.

Sources: Observations on April 2, 2025; interview with the Director of Care (DOC).

On April 03, 2025, the inspector observed that the policy to promote zero tolerance of abuse and neglect of residents was posted.

Date Remedy Implemented: April 3, 2025

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

Non-Compliance was found during this inspection on April 2, 2025, for failure to post the mandatory Whistleblowing Protection Policy, 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 FLTCA, 2021, section 85 (3) (r) related to section 30 of the Act and required no further action.

Sources: Observations on April 2, 2025; interview with the Director of Care (DOC).

On April 03, 2025, the inspector observed that the policy to promote zero tolerance of abuse and neglect of residents was posted.

Date Remedy Implemented: April 3, 2025

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

Non-Compliance was found during this inspection on April 2, 2025, for failure to post the mandatory Visitor Policy 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 O. Reg 246/22 section 265 (1) 10 and required no further action.

Sources: Observations on April 2, 2025; interview with the Director of Care (DOC).

On April 03, 2025, the inspector observed that the current version of the visitor policy was posted.

Date Remedy Implemented: April 3, 2025

WRITTEN NOTIFICATION: Plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee failed to ensure that there was a written plan of care for resident that set out the planned care for the resident, related to skin, and wound care treatments and interventions.

Sources: resident's health care records and interview with MDS Coordinator.

WRITTEN NOTIFICATION: Plan of Care

NC #005 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.

1.The licensee has failed to ensure that the provision of the care set out in the plan of care was documented on the resident's bath documentation records.

Specifically, documentation related to two residents bathing task was not documented for a specific month.

Sources: Residents health care records, interviews with the Personal Support Worker (PSW) and Director of Care (DOC).

2.The licensee has failed to ensure that provision of care related to nutritional intake is documented for three residents. Specifically, the licensee has failed to ensure that nutritional intake for all three residents was completed on multiple occasions on Point of Care (POC) documentation system for two specific months.

Director of Care (DOC) also confirmed that all direct care staff are expected to complete documentation related to nutritional intake for all residents on POC following each meal and that documentation must be completed prior to the end of the staff's shift.

Sources: Residents health care records and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Air Temperature

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (2) 1.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
1. At least two resident bedrooms in different parts of the home.

The licensee has failed to ensure that the temperature was measured and documented in writing, in at least two resident bedrooms in different parts of the home for two specific months.

Sources: Home's air temperature records and interview with MDS Coordinator.

WRITTEN NOTIFICATION: Air Temperature

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (2) 2.
Air temperature
s. 24 (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.

The licensee has failed to ensure that the temperature was documented in writing, in one resident common area on every floor of the home for two specific months

Sources: Home's air temperature records; and interview with MDS Coordinator.

WRITTEN NOTIFICATION: Air Temperature

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured in resident bedrooms and common areas was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.
Temperature measurements of required areas, such as two different resident bedrooms in the home, a common area and/or designated cooling area on each floor were not recorded on multiple occasions for two specific months.

Sources: Review of home's air temperature records; and interview with MDS Coordinator.

WRITTEN NOTIFICATION: Air Temperature

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (5)
Air temperature

s. 24 (5) The licensee shall keep a record of the measurements documented under subsections (2), (3) and (4) for at least one year.

The licensee has failed to ensure to keep a record of the measurements documented for the air temperatures of different areas of the home for at least one year. There were no records of temperature measurements for a specific month.

Sources: Home's air temperature records; and interview with MDS Coordinator.

WRITTEN NOTIFICATION: General requirements

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

1.The licensee has failed to ensure that upon completion of the annual skin and wound care program evaluation, the written record that was kept, included the date of the evaluation and the date that the changes made to the program were implemented.

Source: The Tsiionkwanonhsote Skin and Wound Program Management and interview with MDS Coordinator.

2.The licensee has failed to ensure, that upon completion of the annual pain program evaluation, the written record that was kept included the date of the evaluation and the date that the changes made to the program were implemented.

Source: The Tsiionkwanonhsote Pain Identification and Management Program and interview with Director of Care (DOC).

WRITTEN NOTIFICATION: Infection prevention and control program

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

1.The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control. In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

On specific date and time a staff was observed providing direct care to a resident

and did not perform hand hygiene upon exiting the room of a resident.

Sources: staff observation and interview with IPAC Lead.

2.The licensee has failed to ensure the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

On specific date and time, a registered staff was observed during medication administration where staff did not perform hand hygiene when administering medications to residents.

Sources: Medication administration observation and interview with IPAC Lead and Director of Care (DOC).