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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: February 06, 2024
Inspection Number: 2024-1299-0001
Inspection Type: Complaint Critical Incident Follow up
Licensee: St. Demetrius (Ukrainian Catholic) Development Corporation
Long Term Care Home and City: Ukrainian Canadian Care Centre, Etobicoke

Lead Inspector	Inspector Digital Signature
Parimah Oormazdi (741672)	Parimah Oormazdi Digitally signed by Parimah Oormazdi Date: 2024.02.13 14:48:35 -05'00'

Additional Inspector(s) Manish Patel (740841)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 18-19, and 22-25, 2024

The following intakes were inspected during this Critical Incident (CI) Inspection:

- Intake #00102666 / CI #2809-000025-23 was related to fall prevention and management program

The following intakes were completed in this complaint inspection:

- Intake: #00103168 was related to restrains, nutrition and hydration care, fall prevention and management program, social activities program and restorative care.

The following Compliance Order (CO) Follow up intakes were inspected

- Intake: #00103975 - High Priority CO #001 under inspection #2023-1299-0005; FLTCA, 2021, s. 6 (1) (c) - Plan of Care, Compliance Due Date (CDD): January 19, 2024.
- Intake: #00103974 - CO #002 under inspection # 2023-1299-0005; O. Reg. 246/22, s. 102 (2) (b) - Infection Prevention and Control (IPAC), CDD January 19, 2024.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1299-0005 related to FLTCA, 2021, s. 6 (1) (c) inspected by Manish Patel (740841)

Order #002 from Inspection #2023-1299-0005 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Manish Patel (740841)

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management
Restraints/Personal Assistance Services Devices (PASD) Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to carry out every operational or policy directive that applies to the long-term care home.

Specifically, as per section 1.2 of 'Minister's Directive: COVID-19 response measures for long-term care homes', the licensee needed to ensure that the masking requirements as set out in the 'COVID-19 Guidance Document for Long-Term Care Homes in Ontario', or as amended, were followed.

Rationale and Summary
Review of 'COVID-19 guidance document and the home's policy titled 'Masking', required that all staff members, including healthcare providers, support staff, and contractors, wear medical-grade masks while indoors in all residents' areas. The masking policy also specified that staff were required to wear mask properly, covering the nose and mouth at all times.

During an observation, a Registered Practical Nurse (RPN) and a food services aid were observed with improper mask application.

In the interview, the RPN and food services aid acknowledged that appropriate masking, was not followed. The IPAC Lead also acknowledged that improper mask wearing, were not an acceptable masking practice.

Failure of staff to follow proper masking practices placed residents and staff at an increased risk of infection transmission.

Sources: Observation, review of 'Masking' policy' and 'Minister's Directive: COVID-19 response measures for long-term care homes', 'COVID-19 guidance document for long-term care homes in Ontario' and interviews with the RPN, food services aid and IPAC Lead.
[740841]

WRITTEN NOTIFICATION: Required Programs - Falls Prevention and Management Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 53 (1) 1.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to ensure that the falls prevention and management program to reduce the incidence of falls and the risk of injury is implemented in the home.

In accordance with O. Reg. 246 / 22, s. 11 (1) (b) the falls prevention and management program must include relevant policies, procedures and protocols and must be complied with.

Specifically, the staff failed to comply with the home's policy when a falls risk assessment was not completed when the resident returned from hospital.

Rationale and Summary
A resident had fallen and was hospitalized with injury.

As per the home's policy titled 'Falls Prevention Program', registered staff were required to complete a fall risk assessment upon return from hospital. However, there was a delay in completion of the fall risk assessment, as confirmed by an RPN, Registered Nurse (RN), the Director of Care (DOC) and Senior Clinical Lead.

Failure to assess the resident for risk of falls upon return from hospital placed them at risk for additional falls and injuries.

Sources: Review of resident's chart including assessments, progress notes; 'Falls Prevention Program' policy, and interviews with an RPN, RN, the DOC and Senior Clinical Lead.
[740841]

WRITTEN NOTIFICATION: Required Programs - Pain Management Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 53 (1) 4.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246 / 22, s. 53 (1); O. Reg. 66 / 23, s. 10.

The licensee has failed to ensure that the a pain management program to identify

pain in residents and manage pain was implemented in the home.

In accordance with O. Reg 246 / 22 s. 11 (1) (b), the licensee is required to ensure that each resident must have a formal pain assessment on admission and be reassessed on readmission, quarterly and at significant condition changes and must be complied with.

Specifically, the licensee failed to complete a pain assessment for a resident upon readmission from the hospital.

Rationale and Summary
A resident fell and was sent to the hospital with injuries.

As per the home's policy titled 'Pain Assessment and Management', the registered nursing staff were required to perform formal pain assessment upon readmission from the hospital. Upon review of the resident records, no formal pain assessment was noted while a different pain assessment was completed later.

An RPN, RN, the DOC and Senior Clinical Lead confirmed that the required pain assessment as per the policy was not completed for the resident upon readmission from the hospital.

Failure to complete pain assessment for the resident upon return from hospital placed them at risk for ineffective pain management.

Sources: Review of resident's chart including assessments and progress notes, policy titled 'Pain Assessment and Management Program'; and interviews with an RPN, RN, the DOC and Senior Clinical Lead.
[740841]