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 East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: December 21, 2023	
Inspection Number: 2023-1513-0004	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Unionville Home Society	
Long Term Care Home and City: Union Villa, Unionville	
Lead Inspector AngieM King (644)	**Inspector Digital Signature**
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 28-30, 2023 and December 1, 5-8, 11, 12, 2023

The following intake(s) were inspected:

- An intake related to improper care of resident.
- An intake related to staff to resident physical abuse.
- An intake related to resident neglect.
- One complaint related to resident abuse, neglect, continence and bowel care, responsive behaviours, and pain management.
- A follow-up intake related to safe transferring and positioning devices or techniques.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1513-0003 related to O. Reg. 246/22, s. 40 inspected by AngieM King (644)

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Staffing, Training and Care Standards
- Reporting and Complaints
- Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: POLICY TO PROMOTE ZERO TOLERANCE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance

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s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the home's written policy on zero tolerance for abuse was complied with.

Rationale and Summary
A Critical Incident Report (CIR) was submitted to the Director related to an alleged abuse incident of a resident by a Personal Support Worker (PSW).

The Director of Care (DOC) stated a video surveillance was taken from the resident's room that revealed an identified PSW had forcefully placed the resident's hand onto their mobility device during their transfer. The resident was assessed by the staff with no complaints of pain or injury.

Failure to protect the resident from abuse put them at risk of physical harm and could have negatively impacted the resident's quality of life.

Sources: CIR, home's investigation notes, home's Zero Tolerance of Resident Abuse & Neglect policy, interview with DOC.
[644]

2) The licensee has failed to ensure that the home's written policy on zero tolerance for abuse was complied with.

Rationale and Summary
A CIR was submitted to the Director related to an alleged abuse incident of a resident by a PSW.

The DOC stated that the video surveillance taken from the resident's room that revealed an identified PSW had forcefully transferred the resident to the toilet. The resident was assessed by the staff with no complaints of pain or injury.

The DOC, Clinical Quality Educator (CQE), and Director of IPAC (DOI) acknowledged that the actions of the PSW towards the resident occurred. A PSW who was a witness to the incident denied any rough handling of the resident during the transfer.

Failure to protect the resident from abuse put them at risk of physical harm and could have negatively impacted the resident's quality of life.

Sources: CIR, home's investigation notes, home's Zero Tolerance of Resident Abuse & Neglect policy, interviews with DOC, CQE, and DOI. [644]

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
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,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

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The licensee failed to ensure that a resident, who was exhibiting altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary:
A complaint was lodged to the Ministry of Long-Term Care (MLTC) related to an alleged staff to resident abuse.

The resident's clinical health records indicated they had a new identified pressure injury wound, the initial skin assessment was completed. Further review of the resident's clinical health records revealed that the weekly skin assessments were not completed in its entirety for identified dates of the wound with no wound measurements, also, an assessment was not completed for the pressure ulcer on another date. The skin and wound assessment completed approximately one week later after the last assessment indicated the wound had healed.

The home's DOC, skin and wound care lead and a RN, stated the expectation was for registered staff to complete weekly skin and wound assessments of the altered skin areas, also the registered staff to use the clinically appropriate assessment tool in Point Click Care (PCC), the wound measurements were not completed for the specified time period. The DOC and skin and wound care lead stated the expectation was to document on the form in its entirety including the measurements of the wound. The DOC and skin and wound care lead confirmed that resident's weekly skin assessments were not completed.

Failure to complete a weekly skin assessment with the pressure ulcer wound measurements posed a risk of not receiving the appropriate treatments.

Sources: Complaint, resident's clinical health records, interview with registered staff, DOC and SWL. [644]

WRITTEN NOTIFICATION: MEDICATION MANAGEMENT SYSTEM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)
Medication management system
s. 123 (3) The written policies and protocols must be,
(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that the Home's "Medication Administration Record System" policy was complied with for a resident.

Rationale and Summary
A complaint was lodged to the Director related to an alleged staff to resident abuse. and pain management.

The Home's "Medication Administration Record System" policy required the registered staff to administer any medications administered as needed, pro re nata (PRN) medication that is not scheduled and to ensure documentation of medication administered during their shift is complete.

The resident's progress notes documented the administration of two specific medications administered PRN for agitation prior to evening care and for possible pain with little effect. Further review of the resident's clinical records indicated the above medications were not documented in the resident's electronic medication administration records (eMAR).

A RN stated that staff were required to complete documentation in the resident's eMAR when PRN medications are administered. The DOC acknowledged the RPN failed to complete the required documentation in the resident's eMAR after administration of medications. The RPN was unavailable to be interviewed at the time of this inspection.

Failure to follow the home's medication administration record system policy could cause the residents to have adverse effects related to their medications and put their health condition at further risk of harm.

Sources: Complaint, resident's clinical health records, interview with registered staff, and DOC. [644]