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: September 26, 2024
Inspection Number: 2024-1095-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Baywoods Place Operating Inc.
Long Term Care Home and City: BayWoods Place, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 11, 12, 13, 16, 17, 18, 19 and 20, 2024

The following intake was inspected:

- Intake: #00125741 - 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
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
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: O. Reg. 246/22, s. 148 (2) 2.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
2. That any controlled substance that is to be destroyed and disposed of shall be stored in a double-locked storage area within the home, separate from any controlled substance that is available for administration to a resident, until the destruction and disposal occurs.

The licensee has failed to ensure that controlled substances that are to be destroyed and disposed of shall be stored in a double-locked storage area within

the home, separate from any controlled substances that are available for administration to a resident.

Rationale and Summary
The Associate Director of Care (ADOC) acknowledged that controlled substances that have been discontinued after hours or on a weekend will remain in the narcotic box with controlled substances that are available for administration to residents until the ADOC or Interim Director of Care (DOC) returns to work.

The licensee immediately educated staff and provided the registered nurse with access to the storage area in the ADOC's office if needed after hours, holidays and weekends.

Sources: Observation of the storage unit; interview with ADOC and other staff and review of home's policy "Narcotics and Controlled Drugs Management", reviewed March 31, 2024.

Date Remedy Implemented: September 17, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that the care set out in the plan of care was based on the needs and preferences of a resident.

Rationale and Summary
A resident had a previous injury, which was included in their care plan.
The resident had reported a concern regarding how staff provided care and staff were aware of the injury and identified the resident had a preferred routine to be followed.
The care plan included the level of assistance to be provided during care; however, did not include the resident's specific preferences to promote comfort.
Failure to ensure that the care set out in the plan was based on the needs and preference of the resident had the potential for staff to be unaware of the care to be provided.

Sources: Review of plan of care and interview with a resident and interviews with a PSW and other staff.

WRITTEN NOTIFICATION: Air temperatures

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at a minimum of 22 degrees Celsius.

Rationale and Summary
The home's internal temperature logs were reviewed from August 28 to September 10, 2024. The air temperatures were documented below 22 degrees Celsius in

various areas of the home, including resident rooms and common areas, on a daily basis, with temperatures that reached a low of 19 degrees Celsius.

There was no documented action taken for the air temperatures that were below 22 degrees Celsius, as acknowledged by the Executive Director.

Failure to ensure that resident spaces in the home were maintained at a minimum temperature of 22 degrees Celsius had the potential to impact residents' comfort.

Sources: Review of the home's internal temperature logs and interview with the Executive Director.

WRITTEN NOTIFICATION: Air temperatures

NC #004 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 temperatures in the home were measured and documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every night.

Rationale and Summary
The home's temperature logs from dates in August and September, 2024 were reviewed and identified that temperatures were not measured in two resident bedrooms at night as required.

The Executive Director (ED) acknowledged the temperatures were not measured at night in the residents bed rooms as per the legislative requirement.
Failure to measure and document temperatures in the home at the required times, increased resident risk by not identifying temperatures that may require corrective action.

Sources: Review of temperature logs and interview with ED.

WRITTEN NOTIFICATION: Administration of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that a drug was administered to a resident in accordance with the directions for use as specified by the prescriber.

Rationale and Summary
A resident had orders for a medication routinely and the same medication every four hours, as needed, for a maximum of the specified dose in 24 hours and the medication was not to exceed a certain dose within 24 hours from all sources.
In July and August 2024, the resident was administered, the medication as needed on specific dates in addition to their routine dose.
When the resident was administrated the as needed medication they received greater than dose allowed within 24 hours, which was not consistent with the directions for use by the prescriber.

Sources: July and August 2024 Medication Administration Records and physician orders for a resident and an interview with the interim Director of Care.

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement (CQI) committee was composed of at least one employee of the licensee who has been hired as a personal support worker.

Rationale and Summary:
Interview with the home's ED and CQI lead, they had shared that a personal support worker was not part of the CQI committee.

Sources: Interview with the ED/CQI lead and review of CQI meeting minutes.

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee has failed to ensure that a copy of the continuous quality improvement initiative report was provided to the Residents' Council and Family Council.

Rationale and Summary
The 2023 and 2024 Residents' and Family Council Meeting Minutes did not include that the councils were provided a copy of the home's continuous quality improvement initiative report, as acknowledged by the ED.

Sources: Review of the Residents' and Family Council Meeting Minutes and interview with the ED.