

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 25, 2024	
Original Report Issue Date: March 5, 2024	
Inspection Number: 2024-1095-0002 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Baywoods Place Operating Inc.	
Long Term Care Home and City: BayWoods Place, Hamilton	
Amended By Leah Curle (585)	Inspector who Amended Digital Signature Leah Curle (585)

AMENDED INSPECTION SUMMARY

This inspection report has been amended to extend the compliance plan submission date for Compliance Order #001 to March 22, 2024, and extend the compliance due date (CDD) for Compliance Order #001 to March 22, 2024.

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Amended Public Report (A1)

Amended Report Issue Date: March 25, 2024	
Original Report Issue Date: March 5, 2024	
Inspection Number: 2024-1095-0002 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Baywoods Place Operating Inc.	
Long Term Care Home and City: BayWoods Place, Hamilton	
Lead Inspector Leah Curle (585)	Additional Inspector(s) Tracey Delisle (741863)
Amended By Leah Curle (585)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This inspection report has been amended to extend the compliance plan submission date for Compliance Order #001 to March 22, 2024, and extend the compliance due date (CDD) for Compliance Order #001 to March 22, 2024.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
February 2, 5-9, 12-13, 15-16, 22, 2024
The inspection occurred offsite on the following date(s):
February 20-21, 2024

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The following Critical Incident intake(s) were inspected:
#00101703/2581-000046-23, #00103960/2581-000051-23, #00106617/2581-000001-24, #00108610/2581-000008-24 related to alleged abuse
#00105297/2581-000055-23 related to a fracture of unknown origin
#00106785/2581-000003-24 related to infection prevention and control.

The following Complaint intake was inspected:
#00106611 related to alleged abuse

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out a resident's plan of care was provided as specified in the plan.

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Rationale and Summary

A resident's plan of care included a specific instruction on how staff were to provide care. In a date in January 2024, a personal support worker (PSW) staff failed to provide the resident with the care set out in their plan of care.

Failure to follow the plan of care had potential for risk because the intervention was in place to protect the resident.

Sources: a resident's plan of care, surveillance footage, interview with the Executive Director (ED). [585]

WRITTEN NOTIFICATION: Required Programs

NC #002 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 comply with their pain assessment and management program.

Rationale and Summary

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure there is a pain management program to identify pain in residents and manage pain.

Specifically, the home did not comply with their policy "LTC - Pain Assessment", which was part of their Pain Assessment and Management program.

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The policy directed staff to document in Point of Care (POC) if pain was observed or verbalized, and that the nurse was to start 72 hour monitoring if new pain was identified.

On a specified date in December 2023, a resident had symptoms of new pain.

The resident's clinical record did not include any documentation about the presence of pain until the next day, when nursing staff initiated 72-hour pain monitoring. POC documentation completed by PSWs did not include a record to reflect that the resident had symptoms of pain on either date.

On a later date in December 2023, it was confirmed that the resident had sustained an injury.

Failure to initiate pain monitoring documentation had the potential to impact the home's ability to respond and manage the resident's newly identified pain and injury.

Sources: interview with a PSW, interview with an RPN, the resident's POC documentation, the resident's 72-hour pain monitoring record, the home's policy "LTC - Pain Assessment", dated March 31, 2023, and other records. [585]

WRITTEN NOTIFICATION: Care during absence

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 154 (a)

Care during absence

s. 154. Every licensee of a long-term care home shall ensure that before a long-stay resident of the home leaves for a casual absence or a vacation absence and before a short-stay resident of the home leaves for a casual absence,

(a) a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home sets out in writing the care required to be given to the resident during the absence; and

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The licensee has failed to ensure that prior to a resident's casual absence from the home, a physician or a registered nurse in the extended class attending the resident or a member of the registered nursing staff of the home set out in writing the care required to be given to the resident during the absence.

Rationale and Summary

On a date in December 2023, a resident left the home for a casual absence.

The home confirmed the resident's care was not set out in writing prior to their absence. Their clinical record noted they had several safety/risk care areas. Failure to set out in writing the care required to be given to the resident during their absence had potential to put them at risk of harm.

Sources: a resident's plan of care, progress notes, assessments, a resident's Acceptance of Responsibility Form; interview with registered staff and the ED. [585]

COMPLIANCE ORDER CO #001 Home to be safe, secure environment

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

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The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. How the two doors leading into the home from the unsecure outdoor patios will be monitored to ensure that they close and lock after each use, and that unauthorized persons from the public are not able to gain access into the home via these specific doors, until such time that both doors are adequately secured.
2. When both doors will be equipped with an access control system on the outside to prevent unauthorized access into the home.
3. How and when the two doors will be routinely checked to ensure adequate function (can close and lock when required).

Please submit the written plan for achieving compliance for inspection# 2024-1095-0002 to Tracey DeLisle, LTC Homes Inspector, MLTC, by email to hamiltondistrict.mltc@ontario.ca by March 22, 2024.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that the home was a secure environment for its residents.

Specifically, the doors were not locked entering into the Long-Term Care (LTC) Home.

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Rationale and Summary

Two doors, one located on the east and one on the west side of the building, led to the interior of the home via unsecured outdoor patios. Both doors could be opened by the inspector on February 15, 2024. Access into the home was completed by pressing a large button that was installed for use by residents near each door and the button automatically opened the door.

The ED and Environmental Services Manager (ESM) acknowledged both doors were left unlocked and unattended at certain times during the day to allow residents to use the outdoor patios.

As a result, there have been reported incidents of resident elopement and uncontrolled entry made by the public.

During the inspection, a resident was observed going into the home from the west outdoor patio and the door did not self close and lock, but stayed open until someone manually pulled it closed. The access control system that was in place (magnetic lock) was not activated to ensure the door could remain locked. Staff also reported the door routinely would not self close, and lock after use.

Failure to ensure that doors to the home were kept locked, created an unsecure environment, whereby residents left the home unsupervised, and uncontrolled access was gained into the home by the public.

Sources: Observation of the function of both patio doors, and patio gates, interview with the ED and staff, documentation from the local fire department. [741863]

This order must be complied with by March 22, 2024

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COMPLIANCE ORDER CO #002 Maintenance services

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

Maintenance services

s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

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

1. Address the specific maintenance deficiencies identified in the grounds below;
2. Conduct an audit or inspection of the home's external patios and walkways using an audit form or checklist to determine what other deficiencies require attention that have not been identified in the grounds below;
3. Provide the inspector with a written schedule that includes which persons will be responsible for addressing the maintenance deficiencies in the grounds below and the time that will be allocated to completing the work; and
4. Prepare, submit, and implement a plan to ensure that there are schedules and procedures in place for routine and remedial maintenance of exterior patios and walkways and residents will be protected from the hazards of the deficiencies identified in the grounds until they are repaired.

The home shall create and maintain a written record of the compliance plan and actions taken to respond to the plan.

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Please submit the written plan for achieving compliance for inspection # 2024_1095_0002 to Leah Curle by email to hamiltondistrict.mltc@ontario.ca by March 11, 2024. Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that as part of the organized program of maintenance services under clause 19 (1) (c) of the Act, procedures were in place for remedial maintenance of the exterior smoking patio and exterior front walkway area.

Rationale and Summary:

During the inspection, the following outdoor areas were noted to be in poor condition:

- a) Concrete slabs in the resident smoking patio were cracked and uneven.
- b) Driveway stone, which was part of the walkway into and out of the the main entrance of the home was cracked and sunken.

During the inspection, residents reported concerns with the condition of the smoking patio; that wheelchairs got caught on uneven surfaces and that uneven surfaces were avoided.

The ESM reported maintenance was responsible for regularly auditing the outdoor areas, which included the condition of the outdoor patio surfaces, driveways and walkways. February 2023 audit documentation noted the parking lot and driveways had potholes everywhere, needed repair, that cracks were visible in walkways, and the outdoor smoking patio required leveling and fixing.

The ESM and ED confirmed the deficiencies had been present for years.

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Lack of action to address the issues in the physical structure of the uneven surfaces; specifically, the outdoor smoking patio and walkway/driveway posed risk to many residents safety as it increased risk of tripping or injuries.

Sources: interviews with residents, the ESM and ED; observation of the smoking patio, observation of the and the walkway/driveway outside the front entrance; maintenance logs, exterior maintenance audits and other records. [585]

This order must be complied with by May 30, 2024

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

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(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.

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(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.