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 West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: January 29, 2024	
Inspection Number: 2023-1398-0003	
Inspection Type: Complaint Critical Incident	
Licensee: Victoria Village Inc.	
Long Term Care Home and City: Victoria Village Manor, Barrie	
Lead Inspector Sharon Perry (155)	**Inspector Digital Signature**
Additional Inspector(s) Amanpreet Kaur Malhi (741128)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 2-5, 2024

The following intake(s) were inspected during this Critical Incident (CI) inspection:

- Intake: #00096516 related to a fall resulting in an injury
- Intake: #00104422 related to an unexpected death

The following intake was inspected during this complaint inspection:

- Intake: #00101761 related to improper care of a resident

The following intake was completed during this inspection:

- Intake: #00105305 related to COVID-19 outbreak declared December 29, 2023.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5) 4. ii.
Reports re critical incidents
s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:
4. Analysis and follow-up action, including,
ii. the long-term actions planned to correct the situation and prevent recurrence.

The licensee failed to make a report in writing to the Director within 10 days of becoming aware of a resident's unexpected death, setting out the analysis and follow-up action, the home took to prevent recurrence.

Rationale/Summary
In accordance to FLTCA, 2021, s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

A Critical Incident (CI) report was submitted to the Ministry of Long-Term Care

regarding a resident's unexpected death. The home conducted an internal investigation into the incident and identified concerns. There was no update to the CI to include the results of the home's internal investigation.

The Director of Nursing Services (DONS) acknowledged that the CI had not been updated to include the results of the internal investigation.

Failure to report the results of the home's internal investigation may have delayed the Director's ability to respond to the incident in a timely manner.

Sources: CI report, home's internal investigation notes, and interviews with staff. [741128]

WRITTEN NOTIFICATION: Notification re incidents

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (2)
Notification re incidents
s. 104 (2) The licensee shall ensure that the resident and the resident’s substitute decision-maker, if any, are notified of the results of the investigation required under subsection 27 (1) of the Act, immediately upon the completion of the investigation.

The licensee failed to notify the resident's substitute decision-maker of the results of the home's internal investigation required under subsection 27 (1) of the Act, immediately upon completion of the investigation.

Rationale and Summary
The home conducted an internal investigation related to an allegation of neglect. During the investigation, the home identified concerns related to the incident.

The Director of Nursing Services (DNOS) said the physician and the family of the resident were not yet updated of the results of the home's internal investigation.

By not immediately updating the resident's substitute decision maker of the home's internal investigation results, it may impact the trust between the resident's family and the home.

Sources: Home's internal investigation Notes, Interview Responses of Staff included in home's internal investigation notes, and interviews with staff. [741128]

WRITTEN NOTIFICATION: Emergency plans

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (5) 4.
Emergency plans
s. 268 (5) The licensee shall ensure that the emergency plans address the following components:
4. Specific staff roles and responsibilities.

The licensee failed to ensure staff complied with their specific medical emergency roles and responsibilities when a resident had a medical emergency..

Rationale/Summary
In accordance with O. Reg 246/22, s. 11 (1) (b), Where the Act or this Regulation requires the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

The home's policy for Code Blue - Medical Emergency states that discovering staff are to shout to nearby staff “Code Blue” and phone the unit registered staff. The unit registered staff are to respond to site; direct a staff member to call 911 and the

building charge nurse; and ensure appropriate resuscitation procedures are implemented until the arrival of paramedics. The Building Charge Nurse (Incident Manager) is to respond to the location of the Code Blue.

A resident experienced a medical emergency. A staff member failed to call the Code Blue.

When staff failed to comply with their specific medical emergency roles and responsibilities, it could have prevented timely assistance from available registered staff, and increased the likelihood of adverse outcomes.

Sources: Home's internal investigation notes, Interview responses of staff included in Home's Internal Investigation Notes, Code Blue - Medical Emergency - Resident, policy #: XVIII-G-10.00, resident's clinical records, and interviews with staff. [741128]

COMPLIANCE ORDER CO #001 Dining and snack service

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
4. A process to ensure that food service workers and other staff assisting residents are aware of the residents’ diets, special needs and preferences.

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

1. Re-educate Cook #115, on what is expected when preparing food for a specific texture diet. Re-educate Dietary Aide #113 on the home's process for reviewing the diets for each resident prior to serving their meal.
2. Document the education, including the date and staff member who provided the education and method used to assess staffs understanding and knowledge.
3. Perform daily audits for two weeks at identified meal on the resident's home area, to determine whether the staff are: a) reviewing resident diets prior to preparing or serving meals. b) Providing the right texture diet to residents, especially those on specific textures.
4. Document the audits, including date and time, mealtime audited, resident name and their diet order, staff who completed the audit, name of staff members audited, elements checked during the audit, name of the dietary tool staff referred to, and any actions taken based on the audit results.

Grounds

The Licensee failed to ensure that food service workers and other staff assisting a resident were aware of their diets, special needs and preferences.

Rational/Summary

In accordance with O. Reg 246/22, s. 11 (1) (b), Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

The home's policy for Therapeutic Menus stated that meal and snack service was to be delivered according to the residents' personal diet information. The Therapeutic Spreadsheet/Menu was to be used by staff as a guide. Therapeutic spreadsheets/menus were to be reviewed prior to each meal service in order to provide accurate portions and food items for all diets. The food service worker

procedure required them to review the Therapeutic Spreadsheets/menus every meal and follow the portioning guidelines for each diet (electronic or manually).

During a meal, a resident did not receive their diet according to the residents' personal diet information. The resident suffered a medical emergency.

The Associate Director of Nursing Services (ADONS) stated it was identified during the home's internal investigation that it was discovered that the therapeutic texture of the meal was not prepared and served to the resident.

Failure to comply with the process to ensure that food service workers and other staff assisting residents were aware of the residents' diet, special needs and preferences, resulted in the resident #003 not receiving the correct diet texture on an identified date, heightening their risk for choking and significant harm.

Sources: Resident's clinical records, Therapeutic Diet sheet, home's internal investigation notes, Therapeutic Menus, Policy #: XI-I-10.20, Current Revision: November 2021, and interviews with staff. [741128]

This order must be complied with by March 6, 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
(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.
(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.