

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

Original Public Report

Report Issue Date: April 26, 2024	
Inspection Number: 2024-1326-0001	
Inspection Type: Critical Incident	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Wentworth Heights, Hamilton	
Lead Inspector Indiana Dixon (000767)	Inspector Digital Signature
Additional Inspector(s) Emily Robins (741074)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date (s): April 9, 10, 11, 12, 16, 2024

The following intake (s) were inspected:

- Intake: #00093998 – [Critical Incident (CI): 2841-000008-23] related to Falls Prevention and Management.
- Intake: #00096034 – [CI: 2841-000012-23] related to Falls Prevention and Management.
- Intake: #00107748 – [CI: 2841-000002-24] related to Infection Prevention and Control.
- Intake: #00109377 – [CI: 2841-000004-24] related to Prevention of Abuse and Neglect.

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The following intake (s) were completed in this inspection:

- Intake: #00096032 – [CI: 2841-000011-23], Intake: #00102747 – [CI: 2841-000017-23] were related to falls.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (c)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee has failed to ensure that a resident was reassessed, and their plan of care reviewed and revised when the care set out in the plan was not effective.

Rationale and Summary

A resident returned to the home from hospital on a day in September 2023. A nutrition supplement was provided to assist their intake. The resident was not

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accepting of the supplement.

The home's policy titled "Nutritional Care and Referrals - Registered Dietitian" indicated that it is a responsibility of the charge nurse or physician to generate the Dietitian Referral form in the clinical software, and registered staff are to document in the multi-disciplinary progress notes that the referral form has been completed and sent to the RD and FSM."

When a referral was made on a specified date in October 2023, staff did not indicate that the resident was not accepting of the nutritional supplement. A member of the dietary team recommended to continue with the intervention as ordered and to offer extra supplement PRN if the resident will take it. The staff noted that if they had known the resident was not accepting of the supplement, they would not have made this recommendation.

Failure to ensure that a resident was assessed, and their plan of care was reviewed and revised when the current intervention was not effective may have put them at risk for compromised nutritional status and poor wound healing.

Sources: Resident's progress notes, RD referrals, staff interviews, and the home's Nutritional Care and Referrals policy.

[741074].

WRITTEN NOTIFICATION: Retraining

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at

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times or at intervals provided for in the regulations.

The licensee has failed to ensure that staff received training at annual intervals on the home's Infection Prevention and Control (IPAC).

In accordance with FLTCA s. 82 (2) 9 the licensee is required to ensure that staff receive training on Infection Prevention and Control at orientation and specifically, as per O. Reg 246/22 s. 260 (1) the training must be completed at annual intervals.

Rationale and Summary

The home's course completion training records for 2023, indicated that only 64 percent of staff completed the mandatory annual training for Infection Prevention and Control. This was confirmed by a member of the leadership team.

By failing to retrain staff on an annual basis on IPAC, this may put residents at risk of receiving improper care as staff may not be aware of updates and requirements.

Sources: Staff training records, and staff interview.

[000767].

The licensee failed to ensure that all staff who had received retraining on the home's policy to promote zero tolerance of abuse and neglect of residents were retrained annually.

Rationale and Summary

FLTCA, s. 82 (4) indicated that every licensee shall ensure that the persons who have received training under subsection (2) (3), the long-term care home's policy to

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promote zero tolerance of abuse and neglect of residents, receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. O Reg 246/22 s. 260. (1) indicated that the intervals for the purposes of subsection 82 (4) of the Act are annual intervals.

A review of staff training records for the previous year and interview with a member of the leadership team indicated that only 77.84% of staff employed by the home were trained on the home's policy to promote zero tolerance of abuse and neglect of residents.

Failure to provide annual retraining to the required individuals put all residents in the home at risk of abuse and neglect.

Sources: Staff training records for the previous year and interview with staff. [741074].

The licensee has failed to ensure that staff who provided direct care to residents received annual training in 2023 on falls prevention and management.

Rationale and Summary

Training records from Surge Learning revealed that only 74 percent of direct care staff completed training on Falls Prevention and Management in 2023. This was acknowledged by a member of the leadership team.

By failing to retrain staff on an annual basis on falls prevention and management, this may put residents at risk of receiving improper care and services.

Sources: Staff training records, and interview with staff. [000767].

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WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring techniques when assisting a resident.

Rationale and Summary

A resident required a minimum of one person to assist them during transfer out of the bath. On a specified date, a staff assisted a resident out of the bath. The resident was injured during the transfer.

Failure to ensure that staff used safe transferring technique when assisting a resident out of the bath resulted in actual harm to the resident.

Sources: Resident's progress notes, lift and transfer assessments, the home's investigation notes, interviews with staff, and a resident.

[741074].

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

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(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift a resident was monitored for symptoms of infection in accordance with the IPAC standard issued by the Director under subsection (2).

Rationale and Summary

According to the IPAC Standard for Long-Term Care Homes (LTCHs) revised September 2023, section 3.1 (b) and (f), the licensee shall ensure that the following surveillance actions are taken: Ensuring that surveillance is performed on every shift to identify cases of healthcare acquired infections (HAIs), device-associated infections and Antibiotic Resistant Organisms (AROs), and ensuring that surveillance information is tracked and entered into the surveillance database and/or reporting tools.

Review of a resident's clinical record revealed that they were not monitored on every shift for symptoms of infection on different days in March and April 2024. This was acknowledged by a member of the registered nursing team.

By not monitoring a resident for symptoms of infection on every shift, this may contribute to further health risks for the resident.

Sources: Interview with staff, a resident's PCC temperature summary, and progress notes.

[000767].

WRITTEN NOTIFICATION: Administration of drugs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee failed to ensure that no drug was used by or administered to a resident without a prescription.

Rationale and Summary

On a day in February 2024, a staff was providing care to a resident. The resident indicated that they were experiencing pain. The staff obtained some Voltaren gel from another resident's room and rubbed it on the affected area without consulting with a registered staff.

The home's policy titled "Treatment Cream application by PSW/PCA/Med Admin" indicated that an order should be entered into the electronic medication administration record system prior to administration by a PSW/PCA/Med Admin.

Failure to ensure that a resident had an order for Voltaren prior to administration put the resident at risk of harm.

Sources: Resident's orders, interview with staff, and the home's policy. [741074].