

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: April 12, 2024	
Inspection Number: 2024-1132-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Crown Ridge Health Care Services Inc.	
Long Term Care Home and City: Westgate Lodge Nursing Home, Belleville	
Lead Inspector Anna Earle (740789)	Inspector Digital Signature
Additional Inspector(s) Kayla Debois (740792)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): March 26-28, 2024 and April 2-4, 9-11, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00111946 – Proactive Compliance Inspection (PCI)
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The following **Inspection Protocols** were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils

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Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and 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. 271 (1) (e)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(e) the current report required under subsection 168 (1);

The licensee has failed to ensure that the required Continuous Quality Improvement (CQI) Report was published on the home's website.

On April 3, 2024, Inspector #740789 was unable to locate the long-term care

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home's Continuous Quality Improvement (CQI) Report on their website. In an interview with the Administrator, it was confirmed that the CQI Report was not published on the website.

On April 4, 2024, Inspector #740789 confirmed that the CQI Report had now been published on the long-term care home's website.

[740789]

Date Remedy Implemented: April 4, 2024

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the care set out in the personal hygiene flow sheets for a resident and the bathing flow sheets for another resident was documented.

Rationale and Summary:

A resident's current care plan on Point Click Care (PCC), stated they required assistance for personal hygiene twice daily and as needed. Review of their personal hygiene flow sheets on the Point of Care (POC) documentation system from March 20, 2024, to April 3, 2024, indicated that the resident's documentation was not

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completed on the evening shift of March 22, 2024, and on the day shift of March 27, 2024.

Review of another resident's bathing flow sheets on the POC documentation system from March 1, 2024, to April 3, 2024, indicated that documentation was not completed on March 8, 2024, and March 22, 2024.

In an interview with a Personal Support Worker (PSW), they stated that there are times when they are able to complete the care but miss bathing or personal hygiene documentation. During an interview with the Director of Care (DOC), they confirmed that residents are to receive personal hygiene care at least once every morning and evening and acknowledged that personal hygiene and bathing documentation is to be completed. In an email, DOC also confirmed that the bathing care for the resident and the personal hygiene care for another resident was completed, but documentation was not.

Failing to ensure resident's care is documented can increase the risk of uncertainty whether the care was completed or not.

Sources:

POC documentation for a resident's personal hygiene, another resident's current care plan on PCC, POC documentation for a resident's bathing, email from the DOC, and interviews with a PSW and the DOC.

[740792]

WRITTEN NOTIFICATION: Additional Training- Direct Care Staff

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

Non-compliance with: O. Reg. 246/22, s. 261 (2) 1.

Additional training — direct care staff

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s. 261 (2) The licensee shall ensure that all staff who provide direct care to residents receive the training provided for in subsection 82 (7) of the Act based on the following:

1. Subject to paragraph 2, the staff must receive annual training in all the areas required under subsection 82 (7) of the Act.

The licensee has failed to ensure that direct care staff received annual training in the area of skin and wound care/prevention.

Rationale and Summary:

In accordance with the Fixing Long-Term Care Act, 2021 and O. Reg 246/22 s. 261 (1), direct care staff are required to receive additional annual training in specified areas, specifically skin and wound care. During an interview with a Registered Practical Nurse (RPN), they stated they were unsure if they had received recent training in the area of skin and wound care. The staff education summary for 2023 was reviewed and demonstrated that staff had not completed training in this area. During an interview with the Administrator and Director of Care (DOC), they acknowledged that education related to skin and wound prevention was not completed by the staff for the 2023 year.

Failure to ensure additional annual staff training is completed in the area of skin and wound care puts residents at risk of harm.

Sources: Interviews with RPN, Administrator and DOC, review of the education summary of Surge learning for 2023.

[740789]