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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: September 24, 2024

Inspection Number: 2024-1042-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Wikwemikong Nursing Home Limited

Long Term Care Home and City: Wikwemikong Nursing Home, Wikwemikong

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 26-29, 2024.

The following intake(s) were inspected:

- One intake related to improper/incompetent care of a resident resulting in injury;
- One complaint intake related to improper care of a resident; and,
- One intake related to financial abuse of a resident by staff.

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

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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. 123 (1)
Medication management system
s. 123 (1) Every licensee of a long-term care home shall develop an interdisciplinary medication management system that provides safe medication management and optimizes effective drug therapy outcomes for residents.

The licensee failed to develop an interdisciplinary medication management system that provides safe medication management for a resident when they were without an identifier for medication administration.

Rationale and Summary
While collecting resident demographic information for a resident's profile it was noted that they did not have a picture in the electronic charting system. Their care plan was reviewed and no picture was present.

The Inspector then went to see the resident in their room, and noted that the resident did not have an arm band on, the resident told the inspector that they did not have an armband.

A Registered Nurse (RN) and the DOC were both interviewed and acknowledged

that the resident did not have two identifiers in place to ensure safe medication administration practices.

Sources
Resident's electronic chart, Observation and interview with the resident, RN and the DOC interviews, as well as the home's policy Medication Pass policy 5.6, last reviewed July 31, 2024.
[684]

Date Remedy Implemented: August 27, 2024

WRITTEN NOTIFICATION: Safe and Secure Home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that all doors leading to non-residential areas were kept closed and locked when they are not being supervised by staff.

Rationale and Summary
While conducting a IPAC walk through the inspector noted that the hairdresser door was propped open with a garbage. The following day the East shower room door

was noted to be open.

Interviews were conducted with an RN and the DOC, who both acknowledged that these doors were to be kept closed and locked at all times when not in use.

The doors being left open and unattended placed the residents at moderate risk as there were chemicals and sharp items noted in the rooms.

Sources
Walk through observations, Home's policy "Resident Safety, 3.12, last revised 12/23, and RN and the DOC interviews.

WRITTEN NOTIFICATION: Infection Prevention and Control Lead

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 23 (4)
Infection prevention and control program
s. 23 (4) Except as provided for in the regulations, every licensee of a long-term care home shall ensure that the home has an infection prevention and control lead whose primary responsibility is the home's infection prevention and control program.

The licensee failed to ensure that the home has an infection prevention and control lead whose primary responsibility is the home's infection prevention and control program.

Rationale and Summary
During an interview with an RN they stated that they were taking the required IPAC

course; however, they were not the IPAC lead in the home.

The DOC was unable to provide the required information to support that the RN's primary role in the home was IPAC.

The risk to the residents is low as the DOC is also trained on IPAC practices.

Sources
The home's policy titled "Infection Prevention and Control Program, 1.1, last reviewed August 2024. Interviews with an RN and the DOC.

WRITTEN NOTIFICATION: Operations of Homes

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 81 (2)
Screening measures
s. 81 (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age.

The licensee failed to ensure that screening measures were conducted for a staff member in accordance with the regulations before being hired. The screening measures shall include police record checks.

Rationale and Summary
During a review of the employee file for a staff member it was noted that there was no police record check in the file.

The Director of Care (DOC) acknowledged that the staff member did not have a

police record check upon being hired, they also stated that all new employees are to have a police record check prior to starting work in the home.

The home's policy titled, "Criminal Reference Checks", stated, "All positions within the facility are required to have a current (within 6 months) criminal reference check completed prior to offer of employment or volunteer position a the home."

Failure to have the staff member obtain a police record check prior starting employment with the home put all residents at moderate risk.

Sources
The staff member's employee file, home's policy "Resident Safety, 3.2 Abuse and Neglect Prevention Program", last revised March 2024, and the interview with the DOC.

WRITTEN NOTIFICATION: Prevention of Abuse and Neglect-Annual Training Requirements

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (7) 1.
Training
s. 82 (7) Every licensee shall ensure that all staff who provide direct care to residents receive, as a condition of continuing to have contact with residents, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations:
1. Abuse recognition and prevention.

The licensee failed to 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: the staff must receive annual training in Abuse recognition and prevention.

Rationale and Summary
Upon review of the Surge Learning Abuse training record it was noted that not all staff had received Prevention of Abuse and Neglect training.

During an interview with the DOC they confirmed that the surge learning percentages for abuse training were correct and 100% of the staff have not completed this training.

The resident risk related to staff not completing their annual education was low.

Sources
Surge learning training record for Abuse: The Resident's Perspective Part 1 and 2, and interview with the DOC.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #006 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 failed to ensure that a staff member used safe positioning techniques

when assisting a resident.

Rationale and Summary
During review of the home's investigation, it was identified that a resident was not positioned properly and this resulted in a change in the resident's health status.

The Administrator/DOC identified that the staff member did not check to ensure the resident was positioned properly and they should have.

This had moderate impact to the resident as it resulted in a changed in the resident's health status.

Sources
Resident's Care plan, Progress note, home's investigation file, and interviews with Administrator/DOC and other staff.

WRITTEN NOTIFICATION: Recreational and Social Activities

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 71 (2) (b)
Recreational and social activities program
s. 71 (2) Every licensee of a long-term care home shall ensure that the program includes,
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

The licensee failed to ensure that the development, implementation and

communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends.

Rationale and Summary
Upon review of the Activity calendar it was noted that the scheduled activities did not occur.

During an interview with a resident, the resident indicated that activities had not been occurring in the home.

The DOC was interviewed and confirmed that programs for residents to attend are not occurring as per the activity calendar.

The risk to the residents related to activities not occurring in the home was low.

Sources
Activation Calendar, observations on resident areas, interviews with a resident and the DOC.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2) was implemented.

Rationale and Summary
The Inspector reviewed IPAC audits provided by the DOC, but was unable to find audits for donning and doffing and staff PPE usage as it relates to their specific role. When asked, the DOC was unable to provide the audits and noted that they were unaware the specific audits being requested were required.

The risk to residents is low as it related to the audits not being completed. During the inspection the staff were observed to follow proper IPAC practices.

Sources
Monthly hand hygiene audits, and interview with the DOC.

COMPLIANCE ORDER CO #001 Duty to protect

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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

1. Develop and implement an auditing process to ensure that all employees who were hired in the past two years have a police record check completed.
2. Corrective action is to be taken if any discrepancies are noted in the employee files during the auditing process.
3. Conduct an audit to ensure 100% of staff working in the home have completed the Prevention of Abuse and Neglect training. Ensure corrective action is implemented for any deficiencies identified in the audit. Documentation of the audit and any corrective action must be maintained and made available to the Inspector when requested.

Grounds

The licensee failed to protect a resident from abuse by a staff member.

Rationale and Summary

An allegation of staff to resident abuse was substantiated.

The risk to the resident was high.

Sources

CIS report, resident's progress notes, home's investigation file and the DOC interview.

This order must be complied with by

November 22, 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.