

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: January 29, 2024	
Inspection Number: 2024-1237-0001	
Inspection Type: Complaint Critical Incident	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Woodland Villa, Long Sault	
Lead Inspector Maryse Lapensee (000727)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 10, 11, 12, 15, 16, 17, 18, 19, 22, 2024

The following intake(s) were inspected:

- Intake: #00100825 - related to a complaint about resident care
- Intake: #00101658 (CI #2743-000035-23) - related to resident to resident physical abuse
- Intake: #00101904 (CI #2743-000036-23) - related to an incident of improper/incompetent care
- Intake: #00102971 (CI #2743-000037-23) - related to fall resulting in a significant injury and change in condition

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The following intakes were completed in this inspection:

- Intake: #00098590 (CI #2743-000028-23); Intake: #00098987 (CI #2743-000029-23); Intake: #00101487 (CI #2743-000033-23) - related to fall's resulting in a significant injury and change in condition

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

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

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 in a resident's responsive behaviours plan of care is provided to the resident as specified in the plan.

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Rationale and Summary

The written care plan for a resident indicated an intervention of 1:1 staffing to be scheduled during the day and evening to manage their responsive behaviours. Director of Care (DOC) and other staff stated 1:1 staffing is the most effective intervention to manage the resident's responsive behaviours, but due to staffing challenges, it is not consistently implemented.

Physician progress note indicates that a resident strongly benefits with a 1:1 caregiver. They documented that their behaviours are basically non-existent with 1:1 care.

Inspector reviewed the November 2023, 1:1 hour's schedule for a resident, which indicates that no 1:1 staff was with the resident on multiples dates in November 2023.

On a specific date in November 2023, a co-resident was going down the hallway and a resident went toward them and when the co-resident yelled out for help, a resident hit them in the face.

Inspector #000727 observed on January 16 and 18, 2024, a resident with no 1:1 staff assigned.

Failing to consistently implement 1:1 staffing for a resident increases the risk of them exhibiting responsive behaviour.

Source: Resident's Health records, observation from January 16 and 18, 2024; interview with DOC and staff members [000727]

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WRITTEN NOTIFICATION: Plan of care

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

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

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,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs changed.

Rationale and Summary

A resident's written care plan indicates for mobility; they use a walker to walk in their room and in the corridor. For continence, the resident's written care plan indicates that the resident is continent of bowel and doesn't require a product and is continent of urine and wears an incontinent product.

Minimum Data Set (MDS) assessment from November 27, 2023, indicates that a resident was incontinent of bowel and frequently incontinent of urine. The assessment also indicated that the walking in corridor activity did not occur.

A resident was observed on January 10, 11, 12, and 15, 2024, using a wheelchair for their mobility in the hallways.

A Personal Support Worker (PSW) and a Registered Nurse (RN) confirmed that the

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resident is using a wheelchair in the hallway. The PSW and RN stated that the resident is on a toileting schedule and when toileted sometimes the resident's incontinent product is dry and other times the incontinent product is soiled. The RN acknowledged that the resident's written care plan was not reflecting the resident's care needs related to their mobility and continence.

As such, a resident's plan of care was not reviewed and revised when their care needs changed for mobility and continence posing a risk for falls and infection.

Sources: Resident's health records, Interview with a PSW and a RN [000727]

WRITTEN NOTIFICATION: Nutritional care and hydration programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(e) a weight monitoring system to measure and record with respect to each resident,

(i) weight on admission and monthly thereafter, and

The licensee has failed to ensure that the programs include a weight monitoring system to measure and record with respect to each resident, weight monthly.

Rationale and Summary

A resident's Health records show that there's no documented weight for the month

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of September 2023 and December 2023.

A Personal Support Worker (PSW) and a Registered Nurse (RN) confirmed that PSW's are responsible to weigh the resident each month. The PSW acknowledged that if there's no weight documented in Point Click Care (PCC) for a month it means that the weight wasn't taken.

The Director of Care (DOC) confirmed that PSW's are responsible to weigh the resident in the first seven days of the month, and document in PCC. The DOC acknowledged that if there's no documented weight in PCC for a resident for a month it means that the weight was not taken that month.

As such, by not weighing a resident every month the Registered Dietitian cannot properly assess the nutritional risk of the resident.

Sources: Resident's health record, interview with PSW, RN and DOC
[000727]

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 (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).

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The licensee has failed to ensure compliance with any standard issued by the Director with respect to Infection Prevention and Control (IPAC). Specifically, the licensee failed to ensure compliance with section 6.7 of the IPAC Standard for Long-Term Care Homes that all staff and support workers comply with applicable masking requirements.

Rationale and Summary

On January 10, 2024, Inspector #000727, observed a lunch service on a specific unit. At 1150 hours, a dietary aide was observed checking the food temperature in the servery with their mask under their chin. The Dietary aide was also observed with their mask under their chin for the full lunch service while plating the food for the residents.

The Director of Care (DOC) and IPAC Lead both confirmed that masking is mandatory for all staff on the units providing care and for the dietary staff when serving or plating food.

By not following masking requirements, residents are at increased risk of contracting or transmitting a communicable disease.

Sources: January 10, 2024, lunch observation, interview with DOC and IPAC Lead [000727]