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

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

Original Public Report

Report Issue Date: July 2, 2024	
Inspection Number: 2024-1237-0005	
Inspection Type: Complaint	
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 Severn Brown (740785)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 19, 20, 24, 25, 26, 27, 2024

The following intake(s) were inspected:

- Intake: #00115064 -IL-0125741-OT; Intake: #00117532 -IL-0126882-OT; Intake: #00117637; Intake: #00119066 -IL-0127597-OT
    - Complaints from family member regarding care provision in the home to resident.

The following Inspection Protocols were used during this inspection:

Continence Care
Food, Nutrition and Hydration
Infection Prevention and Control
Prevention of Abuse and Neglect
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 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's plan of care provided clear direction to staff regarding the resident's continence care requirements.

Sources:
A resident's electronic and paper chart;
A resident's care plan;
Interviews with a Director of Care (DOC) and a Personal Support Worker (PSW).

[740785]

WRITTEN NOTIFICATION: Plan of Care

NC #002 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 a resident's plan of care was carried out as specified in the plan. Specifically, a resident's Personal Assistance Service Device (PASD) was not applied and active at the time of a fall.

Sources:
Interview with a DOC;
A resident's plan of care and electronic chart.

[740785]

WRITTEN NOTIFICATION: Plan of care

NC #003 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 a resident's provision of care as set out in the resident's plan of care, specific to ensuring that a resident's PASDs were functional, was documented.

Sources:
Review of a resident's electronic chart;
Interview with a DOC.

[740785]

WRITTEN NOTIFICATION: Fall prevention and management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246 / 22, s. 54 (1).

The licensee has failed to ensure a staff member complied with the home's policy for fall prevention and management. Per O. Reg 246 / 22 s. 11 (1) b., the home must have a falls prevention and management program, and that program must be complied with. Specifically, the licensee failed to ensure that a Registered Practical Nurse (RPN) complied with the home's fall prevention and management procedure for post-fall management after a resident sustained a fall.

Sources:

A resident's electronic chart;
Policy OTP-FP-7.4 Resident Falls and Post Fall Assessment, last reviewed March 2024;
Interview with the Administrator and a DOC.

[740785]

WRITTEN NOTIFICATION: Continence care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 56 (2) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented;

The licensee has failed to ensure that a resident, who has episodes of incontinence, has an individualized plan, as part of their plan of care, to promote and manage continence based on the home's assessment and that the plan is implemented.

Sources:
A resident's care plan;
A resident's documentation survey reports;
Interviews with a PSW, a Physician , and a DOC.

[740785]

COMPLIANCE ORDER CO #001 Altercations and other interactions between residents

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 59 (b)
Altercations and other interactions between residents
s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,
(b) identifying and implementing interventions.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Implement a documented safety monitoring system for a resident to ensure the resident's safety and whereabouts are routinely monitored at regular intervals throughout all shifts that the resident is at risk of an altercation with other residents;
B) Audit, on a weekly basis, staff's participation in and documentation of the safety monitoring system for the resident for a period of four (4) consecutive weeks;
C) Take corrective action if any audits reveal that staff are not fully complying with the resident's safety monitoring system to ensure compliance;
D) Keep a written record of the requirements outlined in (A), (B), and (C)

Grounds
The licensee has failed to ensure that effective interventions were implemented to minimize the risk of altercations and potentially harmful interactions between a resident and other residents.

A resident had three documented altercations with three other residents, on the

resident's unit, on separate dates.

Multiple staff members stated that a resident has responsive behaviours that can aggravate other residents and that the resident needs to be redirected and monitored to ensure they do not have an altercation with another resident. Staff further stated that the resident has other underlying medical conditions which can lead to altercations or potentially harmful interactions with other residents. Upon review of the resident's chart, no requirement in the resident's plan of care is present for regular, documented monitoring of the resident during any shift to ensure the resident's safety or to minimize altercations with other residents. After review of the resident's care plan, no further interventions were implemented for the resident to minimize their risk of further altercations with other residents after any of the three documented incidents.

Sources:
A resident's electronic chart and plan of care;
Interviews with two PSWs, an RPN, an RN, and a DOC.

[740785]

This order must be complied with by August 9, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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

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.