

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Modified Public Report (M)

Report Issue Date: January 2, 2024	
Inspection Number: 2023-1370-0004	
Inspection Type: Critical Incident	
Licensee: Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.	
Long Term Care Home and City: AgeCare Samac, Oshawa	
Lead Inspector Sheri Williams (741748)	Inspector Digital Signature
Additional Inspector(s)	

MODIFIED INSPECTION SUMMARY

This public report has been modified to remove the location of the home area specified in the compliance order.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 27 -30, 2023 and December 1, 4 -6, 2023.

The following intake(s) were inspected:

- An intake related to a fall with transfer to hospital resulting in an injury.
- An intake related to an allegation of staff to resident physical abuse.
- An intake related to a fall with transfer to hospital resulting in an injury.
- An intake related to an allegation of staff to resident physical abuse.

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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: Policy to Promote Zero Tolerance

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

Policy to promote zero tolerance

s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that the home's written policy on zero tolerance for abuse was complied with for a resident.

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Director related to an alleged staff to resident abuse incident.

The CIR and the home's investigation notes indicated that an agency staff member reported an allegation that a staff member sprayed perfume in a resident's face during care but reported the alleged incident ten days later. The home investigated the allegation but did not find sufficient evidence to substantiate the incident.

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The home's Abuse policy directs all staff immediately to report abuse of a resident that result in harm or risk of harm to a resident.

Staff acknowledged the home's expectation was that abuse allegations were to be reported immediately. The Director of Care (DOC) acknowledged that all staff, including agency are trained on the home's expectation to immediately report abuse and neglect.

Failing to immediately report and investigate the alleged abuse incident of a resident put them at risk of the evidence not being preserved and the investigation being inconclusive.

Sources: CIR, home's investigation notes, Policy- Abuse Free Communities – Prevention, Education and Analysis, interviews with staff and the DOC.

[741748]

WRITTEN NOTIFICATION: Reports re Critical Incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

4. Subject to subsection (4), an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.

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The licensee has failed to ensure that the director was informed of an incident that caused injury for which the resident was taken to hospital and had a significant change in their health condition.

Rationale and Summary

A resident had a fall with an injury. They were sent to the hospital and received treatment. The home did not report the incident to the Director as a critical incident.

On their return from hospital the resident received referrals for occupational therapy, physiotherapy, and the physician for assessment. Occupational therapy assessed the resident for a change in mobility status and recommended them for a mobility device. Physiotherapy provided the resident with a loaner mobility device for their change in mobility status and with hip protectors as a fall prevention intervention. The physician assessed the resident to be limping and ordered further testing.

The Director of Care (DOC) acknowledged that the expectation is to report to the director all transfers to hospital as a result of a fall causing significant injury. The DOC indicated they were not aware that the resident had a significant change in health status and stated they did not report the fall of resident to the director.

Failing to report a critical incident to the director resulted in minimal risk to the resident.

Sources: Clinical health records for resident, Policy-Resident Falls Prevention Program and interview with DOC.

[741748]

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COMPLIANCE ORDER CO #001 When assessment, revision is required

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Plan of care

When reassessment, revision is required

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

1. Educate registered staff on the specified home area on the fall prevention policy, specifically on the implementation of fall prevention interventions.

2. Keep a documented record of the education, including the content of the education, the staff member who provided the education, date, and the names of staff who participated in the education. Provide the documented record to inspectors immediately upon request.

3. Conduct a written audit over a period of four weeks to ensure that fall prevention interventions are implemented, and that residents are reassessed, and when not effective, new fall interventions are implemented. Provide the written audit to inspectors immediately upon request.

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Grounds

The Licensee failed to ensure that a resident was reassessed, and their plan of care revised when fall interventions were not effective.

Rationale and Summary

A critical incident report (CIR) was submitted to the Director for a fall incident of a resident that resulted in their transfer to hospital for injuries.

Clinical records indicate the resident had three prior falls in the 17 days before their fall resulting in an injury, with one fall requiring transfer to hospital for injuries.

The home's fall prevention policy directs that an assessment and investigation of each resident's fall occurs to determine contributing factors and implement individualized interventions to prevent re-occurrence.

A review of the resident's plan of care indicates it was updated after these falls to direct that the resident was at high risk of falls and was transferred to hospital for treatment. Interventions stated that hip protector was trialed and found ineffective, as resident kept on removing. The progress notes indicate that the physiotherapist implemented hip protectors and they were removed four days later and there were no other interventions implemented.

Interviews with staff acknowledged that the home has many types fall prevention equipment and interventions that could have been implemented.

Failing to implement fall prevention interventions for the resident resulting in their

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falling to the floor and sustaining an injury.

Sources:

Critical Incident Report (CIR), clinical records for resident, Policy-Resident Falls Prevention Program, interviews with staff and the DOC.

[741748]

This order must be complied with by February 29, 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.

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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.

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(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.