

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 26, 2022	2022_857129_0001	009492-21, 011059-21	Complaint

Licensee/Titulaire de permis

St. Peter's Care Centres
125 Redfern Avenue Hamilton ON L9C 7W9

Long-Term Care Home/Foyer de soins de longue durée

St. Peter's Residence at Chedoke
125 Redfern Avenue Hamilton ON L9C 7W9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

PHYLLIS HILTZ-BONTJE (129), EMMY HARTMANN (748)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 22, 23, 25, 28, 29, 30, 31, 2022.

**The following intakes were inspected:
011059-21- related to three care areas.
009492-21- related to four care areas.**

During the course of the inspection, the inspector(s) spoke with residents and resident family members, Personal Support Workers, Housekeeping staff, Registered Practical Nurses, Physiotherapist, Facility Manager, Assistant Director of Care, Director of Care and the Administrator.

During this inspection the inspectors observed residents, reviewed resident care plans and other clinical records, reviewed hospital records, reviewed licensee's policies and reviewed the home's infection prevention and control practices.

**The following Inspection Protocols were used during this inspection:
Admission and Discharge
Continence Care and Bowel Management
Infection Prevention and Control
Responsive Behaviours
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff complied with the “Responsive Behaviour Policy” when staff did not include interventions to prevent, minimize or respond to behaviours that were demonstrated by a resident.

In accordance with the LTCHA 2007, s. 8 (1), the licensee is to ensure that there is an organized program of nursing services for the home to meet the assessed needs of the residents.

In accordance with O. Reg. 79/10, s. 30 (1) every licensee of a long-term care home shall ensure the following is complied with in respect to each of the organized programs required under sections 8 to 16 of the act; there must be a written description of the program that includes relevant policies, procedures, and protocols.

The licensee's policy identified as "Responsive Behaviour Policy", number 14-1, last reviewed/revised on May 31, 2021, and located in the Resident Care Manual, directed:

- i. An individual residents' responsive behaviour strategy should be developed,
- ii. Following assessment of the responsive behaviour the registered staff will care plan current interventions and strategies to manage better accommodation of behaviours. Appropriate methods of interventions must be determined, and the individual nurse will decide if and when to intervene.

A resident's clinical notes indicated they demonstrated responsive behaviours.

Staff did not comply with the licensee's policy when it was identified that a resident's care plan did not include interventions and strategies to better manage the responsive behaviours demonstrated by the resident, as required in the licensee's policy.

The DOC confirmed the resident's care plan did not include interventions and strategies to manage the responsive behaviours demonstrated by the resident.

The failure of staff to comply with the licensee's policy increased the risk that the responsive behaviours demonstrated by the resident would not be managed.

Sources: Licensee policy "Responsive Behaviours Policy", a resident's clinical notes and care plan as well as an interview with the DOC. [s. 8. (1) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance and ensuring that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy protocol, procedure, strategy, or system is complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive behaviours

Specifically failed to comply with the following:

- s. 53. (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,**
- (a) the behavioural triggers for the resident are identified, where possible; O. Reg. 79/10, s. 53 (4).**
 - (b) strategies are developed and implemented to respond to these behaviours, where possible; and O. Reg. 79/10, s. 53 (4).**
 - (c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented. O. Reg. 79/10, s. 53 (4).**

Findings/Faits saillants :

The licensee has failed to ensure that when a resident demonstrated responsive behaviours, possible triggers for the behaviours were identified.

A resident's clinical record indicated they had demonstrated responsive behaviours.

A Personal Worker (PSW) confirmed the resident demonstrated a responsive behaviour.

A Registered Practical Nurse (RPN) confirmed Behavioural Support Ontario (BSO) staff and the resident's Physician had been involved in the management of responsive behaviours for the resident.

The resident's care plan confirmed there was a care plan focus identified as "Behaviour Prevention". This care plan focus did not identify the responsive behaviours that had been documented by registered staff in clinical notes and there was no indication that staff had attempted to identify possible triggers for the behaviours the resident demonstrated.

The Director of Care (DOC) verified that the care plan did not include possible triggers for the responsive behaviours demonstrated by the resident.

The failure of staff to ensure behavioural triggers were identified, increased the risk that behaviour management strategies would not be effective, and the responsive behaviours would continue.

Sources: a resident's clinical notes and care plan as well as interviews with a PSW, a RPN and the DOC. [s. 53. (4) (a)]

2. The licensee has failed to ensure that when a resident demonstrated responsive behaviours, strategies were developed and implemented to respond to the behaviours.

The resident's care plan indicated strategies had not been developed or implemented to respond to the responsive behaviours demonstrated by the resident and documented by registered staff in clinical notes.

The DOC confirmed the plan of care did not include strategies for staff to implement when the resident demonstrated responsive behaviours.

The failure of staff to ensure the care plan included strategies for how staff were to respond to the responsive behaviours, increased the risk that the behaviours would go unmanaged and may increase in frequency and intensity.

Sources: a resident's clinical notes and care plan and an interview with the DOC. [s. 53. (4) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance and ensuring that for each resident demonstrating responsive behaviours, behavioural triggers are identified, where possible and strategies are developed and implemented to respond to these behaviours where possible, to be implemented voluntarily.

Issued on this 3rd day of May, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.