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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: September 20, 2023
Original Report Issue Date: March 22, 2023
Inspection Number: 2023-1412-0001 (A1)
Inspection Type: Critical Incident
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP
Long Term Care Home and City: Woodhall Park Care Community,Brampton

Amended By	**Inspector who Amended Digital Signature**
Kim Byberg (729)	Kimberly Byberg Digitally signed by Kimberly Byberg Date: 2023.09.20 14:04:36 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:
Amend title of Licensee and Public Report to include Long-Term Care Inspections Branch

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Lead Inspector Kim Byberg (729)	**Additional Inspector(s)** Amanpreet Kaur Malhi (741128) Blake Webster (000689)
Amended By Kim Byberg (729)	**Inspector who Amended Digital Signature** Kimberly Byberg Digitally signed by Kimberly Byberg Date: 2023.09.20 14:04:54 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:
Amend title of Licensee and Public Report to include Long-Term Care Inspections Branch

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s), February 28, 2023 and March 1-3, 6-10, and 13, 2023.
The inspection occurred offsite on the following date(s), and March 9 and 17, 2023.

The following intake(s) were completed in this Critical Incident (CI) inspection:

- Intake: #00001640, CI: 2928-000017-22, Intake: #00006364, CI: 2928-000004-22, and Intake: #00006670, CI: 2928-000005-22, related to fall prevention;
- Intake: #00003713, CI: 2928-000016-22, related to an allegation of improper care resulting in injury requiring transfer to the hospital;
- Intake: #00004639, CI: 2928-000010-22, related to an allegation of neglect of a resident;
- Intake: #00017539, CI: 2928-000001-23, related to an allegation of resident abuse;
- Intake: #00019113, CI: 2928-000003-23, related to improper medication administration.

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

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

AMENDED 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)
FLTCA, 2021, s. 6 (10) (b)

Resident #008 had a fall on August 1, 2022, and required anti-slip stripes in their room near their bed and in the washroom as part of their fall prevention interventions in their care plan.

During observations of resident #008's room on March 6, 2023, they did not have any anti-slip stripes present near their bed.

PSW #109 stated that they would complete a maintenance requisition if the anti-slip stripes were required.

On March 8, 2023, the residents care plan was updated and the fall intervention for anti-slip strips had been removed.

Sources: Observations of room 302A on March 6 and 8, 2023, Interview with PSW #109 and DOC #100, review of plan of care post fall and current CP dated March 8, 2023.

Date Remedy Implemented: March 8, 2023 [729]

Date Remedy Implemented: March 8, 2023

WRITTEN NOTIFICATION: 02

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 20 (f)

The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system (RSCRS) that clearly indicated when activated where the signal was coming from.

Rationale and Summary
The home's RSCRS was originally designed and approved to work in conjunction with portable phones which were to be carried by all Personal Support workers (PSW), Registered Nurses (RN) and Registered Practical Nurses (RPN) . This would ensure that regardless of where staff were working, they would be alerted visually and audibly to the location of an activated station.

The home had six resident home areas and the current staffing compliment was three PSW's and one Registered staff per home area. During the inspection, the home had fifteen portable phones for PSW's and Registered Staff to share instead of the required twenty-four phones, and their four phones that were designated for manager use were not available.

A PSW stated that when their staffing compliment was increased in the year 2020, with an additional six PSW's they were not equipped with additional portable phones at that time.

The home's RSCRS was not clearly indicating to staff where the signal was coming from when the call bell or alarm was activated. The PSW's indicated that they could not hear or visually see when a call bell was activated if they were not carrying a phone and would have to walk around the unit looking for the dome light above a door or walk to the nursing station to look on the desk console to determine where a signal was activated. The desk console emitted an audible sound but could not be heard in all the hallways where resident rooms were located.

The Executive Director stated that they had ordered 2 phones in November 2022, but were on back order. They stated that the home had not placed an order for any additional phones as they had knowledge of the back order. On March 13, 2023, during the inspection two new phones were delivered and 1 phone was repaired. The Executive Director was unsure when the other portable phones would be available as they had not placed any further orders.

The home put residents at risk when they did not provide portable phones for all the PSW and Registered staff working on each home area. The lack of phones resulted in not all PSW's being equipped with the required portable phones, and subsequently would not be alerted both visually and

audibly when a resident or staff member required assistance when working in any part of the home that was not near the nurse's station.

Sources: Interview with PSW #116, #118, #119, #120, RN #117, Executive Director, Observations on March 13, 2023, Record review of the home's Call Bell Response Policy VII-H-10.00 Revised April 2019, email from Attel communications, Preventative Maintenance Task schedule, Maintenance request specific to RSCRS and Preventative Maintenance Program V-C-10.00.
[729]

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40

The licensee has failed to ensure that a Personal Support Worker (PSW) used safe transferring and positioning techniques when assisting resident #001.

Rationale and Summary
On July 26, 2022, resident #001 was transferred to the toilet using a hoyer lift with the assistance of two PSW's. The resident was left unattended on the toilet while connected to the lift.

Resident #001's progress notes stated that when the PSW returned to the check on the resident they were found reaching for their call bell and their leg was bent and twisted. Resident #001 complained of pain and swelling in their left ankle and was subsequently diagnosed with a fracture of their left leg.

Resident #001's plan of care stated they were totally dependent when using the toilet and required the physical assistance of two staff members.

PSW #110 and Registered Nurse (RN) #111 stated that residents' should not be left unattended while on the toilet and connected to the hoyer lift.

Resident #001 suffered a fractured leg and was moderately impacted when they were left unsupervised on the toilet connected to the hoyer lift.

Sources: Interview with resident #001, PSW #110, RN #111 and Executive Director. Record review of CI #2928-000016-22, resident #001 progress notes, plan of care, lift and transfer assessment, incident report, home's investigation notes, manufacture instructions for the Maxi lift 500, the home's policy titled "Zero Lift and

Protocol, IV-M-10.10, last approved 04/2022.
[729]