

**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**

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| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---|-----------------------------------|--|
| Jun 23, 2021 | 2021_872218_0008 | 006645-21, 007535-21 | Critical Incident System |

Licensee/Titulaire de permis

1245556 Ontario Inc.
200 Ronson Drive Suite 305 Toronto ON M9W 5Z9

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

Burton Manor
5 Sterritt Drive Brampton ON L6Y 5P3

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

APRIL RACPAN (218)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 1-4, 7, 9-11 and 14, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #006645-21 and Log #006645-21 were related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Interim Administrator, the Director of Care (DOC), the Assistant Directors of Care (ADOCs), the Maintenance Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Housekeeping staff, and Personal Support Workers (PSWs).

During the course of the inspection, the inspector conducted a tour of the resident home areas (RHAs), observed resident care provision, resident/staff interactions, and completed staff interviews. The inspector also reviewed clinical health records, posting of required information, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

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

4 WN(s)

4 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. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that temperatures were measured and documented in writing for at least two resident bedrooms in different parts of the home.

The home's Maintenance Manager stated that resident bedroom temperatures were not measured or recorded in any part of the home. Staff said that the only time they would check resident bedroom temperatures was if there was a temperature concern. The temperature log records demonstrated that no temperatures of resident bedrooms were obtained during the months of May and June 2021.

By not measuring and documenting the temperatures of at least two resident bedrooms in different parts of the home, the home may be unable to identify when there is a temperature concern. This puts residents at risk for developing a heat related illness. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature of one resident common area on every floor of the home, was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The home's Maintenance Manager said that they measured and documented the temperatures of resident home areas on every floor of the home once per day. No one was responsible for measuring and documenting the temperatures of these areas on the weekends or holidays. Frequent (hourly) temperature checks were only required to be measured and documented by registered staff whenever there was a "heat alert" in place.

The temperature log records demonstrated that no temperatures were obtained for any resident common areas of the home for 6/16 days from May 15-31, 2021, and 2/8 days from June 1-8, 2021.

By not measuring and documenting the temperatures of one of the resident common areas on every floor at least once every morning, every afternoon, and evening, the home may be unable to identify when there is a temperature concern. This puts residents at risk for developing a heat related illness.

Sources: Long-Term Care Home's (LTCH) temperature log records, observations of thermostats being dysfunctional in 14 resident bedrooms throughout the home, and interviews with the Maintenance Manager #110, and other staff. [s. 21. (3)]

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 to ensure that temperatures are measured and documented in writing for at least two resident bedrooms in different parts of the home, and that the temperature of one resident common area on every floor of the home is documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee failed to ensure that staff used safe transferring techniques when assisting resident #002 after a fall.

The LTCH's Lifts and Transfers policies stated that manual lifts were prohibited in the event of a fall and that mechanical lifts were to be utilized for all residents who have fallen on the floor.

Resident #002 was found on the floor after they sustained a fall. Two staff members proceeded to manually transfer the resident without the use of a transfer lift as required. Resident #002 sustained a significant injury as a result of the fall.

Utilizing unsafe transferring techniques for resident #002 after they had fallen, placed resident #002 at risk for further injuries.

Sources: CIS report, resident's electronic health records, Plan of Care, LTCH's Policy: Lifts & Transfers - General (Policy Number: 05-42) last revised December 2017, LTCH's Policy: Safe Lifts and Transfer Decision Tree (Policy Number: 05-58) last revised December 2017, the LTCH's investigation records, and DOC #100 interview. [s. 36.]

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 to ensure that staff use safe transferring and positioning techniques when a resident has fallen, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when resident #002 fell, the resident was assessed and that where the condition or circumstances of the resident required, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Resident #002 was found on the floor by two staff members. The staff members did not inform a registered staff member about the incident and therefore the resident was not assessed at that time.

The LTCH become aware of the incident two days later when the resident was identified to have a significant injury. The resident was assessed by a registered staff member at that time and required medical interventions.

There were no post-falls assessments completed for resident #002 until an injury was discovered two days later. Not completing a post-fall assessment for resident #002 immediately after they had fallen, placed them at risk for developing complications due to their injury.

Sources: CIS report, resident's electronic health records, Assessments, LTCH's Falls Policy Number 09-01 last revised October 2019, the LTCH's investigation records, and multiple staff interviews. [s. 49. (2)]

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 to ensure that when a resident has fallen, the resident is immediately assessed and that where the condition or circumstances of the resident is required, a post-fall assessment is conducted, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the home's infection prevention and control program in relation to staff and resident hand hygiene.

The LTCH's policies for Routine Practices and Hand Hygiene emphasized that staff were to perform hand hygiene before and after feeding a resident and before handling any foods. The home's expectations were that all staff assist residents with hand hygiene before and after their meals.

However, during the course of the inspection the following were observed:

-On a specified date in the Butterfly Lane RHA dining room, multiple staff members did not perform hand hygiene before assisting residents with their meals and 19 out of 20 residents were not assisted with hand hygiene prior to eating their lunch meals.

-On a specified date in the Gage Park RHA dining room, 10 out of 12 residents were not assisted by staff to perform hand hygiene after they had finished eating their lunch meal.

The breach of staff participation in IPAC routine practices and hand hygiene increased the risk of bacteria and virus transmission to others in the home.

Sources: multiple dining observations; Public Health Ontario (PHO) Best Practices for Hand Hygiene in All Health Care Settings (April 2014), LTCH's Routine Practices Policy Number 02-01 dated September 2011, LTCH's Hand Hygiene Policy Number 02-05 dated September 2011, DOC #100 Interview. [s. 229. (4)]

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 to ensure that all staff participate in the implementation of the home's infection prevention and control program in relation to staff and resident hand hygiene, to be implemented voluntarily.

Issued on this 24th day of June, 2021

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

Original report signed by the inspector.