

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

Original Public Report

Report Issue Date: April 26, 2024

Inspection Number: 2024-1438-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Southlake Residential Care Village

Long Term Care Home and City: Southlake Residential Care Village, Newmarket

Lead Inspector

Jennifer Brown (647)

Inspector Digital Signature

Jennifer Brown

Additional Inspector(s)

Asal Fouladgar (751)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 2-5, 8-11, and 15, 2024.

The following intake(s) were inspected:

- One intake related to a Proactive Compliance Inspection - PCI

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

- Food, Nutrition and Hydration
- Medication Management
- Safe and Secure Home
- Quality Improvement

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

Pain Management
Falls Prevention and Management
Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Retraining

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure the persons who received training under subsection (2) related to Infection Prevention and Control (IPAC), received retraining on an annual basis for the year 2023.

Rationale and Summary

Review of the Surge Course Completion for year 2023 related to IPAC, which included four modules, did not indicate 100 percent (%) of staff completion.

Assistant Director of Care (ADOC) #130 confirmed that 100% of staff did not complete the required annual IPAC training.

There was a potential risk and impact to the residents as staff might not have provided care and services based on this required training material.

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

Sources: Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, revised September 2023, Surge Course Completion training records for year 2023.
[751]

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that all staff received retraining on the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 28 to make mandatory reports.

Rationale and Summary

With reference to FLTCA 2021, s. 82 (1) and s. 82 (2) 3 all staff are required to receive training on the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 28 to make mandatory reports.

The home's training record indicated that only 92.8 % of the staff completed the required training for the year 2023.

Staffing Clerk #112 and Payroll Coordinator #114 both indicated that the 16 staff members (7.2%) were currently employed and scheduled to work on resident home areas.

There was risk that all staff may not be familiar with the home's abuse policy as well as their duty under section 28 of the FLTCA 2021, to make mandatory reports, when they did not receive this required annual training.

Sources: The home's mandatory training records for year 2023, interviews with the Staff Clerk and other staff.
[647]

WRITTEN NOTIFICATION: Communication and response system

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

Non-compliance with: O. Reg. 246/22, s. 20 (f)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,

(f) clearly indicates when activated where the signal is coming from; and

The licensee has failed to ensure that a call bell in a resident's room was activated and clearly indicated where the signal was coming from when it was pressed at the bedside.

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

Rationale and Summary

During an observation as part of this PCI, call bells in a resident's room and washroom were not working. When Inspector #751 pressed the call bell at the bedside, the light outside of the resident's room did not light up and no sound was made to alert the nursing staff to indicate where the call bell was coming from. Moreover, the call bell in the washroom could not be cancelled at the point of activation.

Personal Support Worker (PSW) #111 confirmed that the call bells were not working as expected and stated they would inform the maintenance staff. The Environmental Service Manager (ESM) later confirmed that the call bells were fixed on the same day.

There was a risk to the resident's safety when the call bell system was not functioning properly.

Sources: Observations, and interviews with staff.

[751]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control when the IPAC lead, was not involved in auditing and tracking staff completion on required annual IPAC training.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director dated April 2022, with revision date of September 2023, section 7.3 (a), the licensee shall ensure that the IPAC Lead plans, implements, and tracks the completion of all IPAC training and audits are used to determine if staff have met training requirements as required by the Act and Regulation.

Rationale and Summary

Inspector #751 reviewed the staff annual IPAC course completion record for year 2023. The home's IPAC

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

Manager indicated that ADOC #130 was responsible to ensure staff completed all required annual training including IPAC courses, and were not being informed of the staff completion rate regularly for the IPAC annual training. The Director of Care (DOC) confirmed the same and acknowledged that as per the IPAC standard, the IPAC Manager in the home must be involved with tracking the staff completion of all IPAC related training.

Failure of the IPAC Manager in tracking staff completion of required IPAC training, would have put the residents at risk of infection, as all staff did not receive appropriate IPAC training.

Source: Surge Course completion IPAC modules for year 2023, IPAC Manager job description dated April 7, 2022, IPAC Standard for Long-Term Care Homes issued by the Director, revised September 2023, interviews with DOC and IPAC Manager.

[751]

WRITTEN NOTIFICATION: Orientation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,

(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act included, handling and disposing of biological and clinical waste including used personal protective equipment.

Rationale and Summary

The home's IPAC training contents titled "Module 1 Breaking the Chain", "Module 2 Hand Hygiene (A Safe Pair of Hands)", "Module 3 Routine Practices", and "Module 4 Cleaning and Disinfecting", did not include a topic related to handling and disposing of biological and clinical waste including used personal protective equipment.

The home's IPAC Manager stated that the training related to this topic was part of a different training called "24/7" which was titled "Bloodborne Pathogens".

ADOC #130 confirmed that the above-mentioned training was not part of the mandatory orientation and/or annual IPAC retraining, and staff were required to complete this training only once. ADOC #130 also noted this training was to be completed by staff after they started their responsibilities in the home.

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

There was potential risk and impact to the residents as staff might not have provided care and services based on this required training material.

Sources: The home's IPAC training materials, Interviews with IPAC Manager and ADOC #130.
[751]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

2. Skin and wound care.

The licensee has failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their annual training related to skin and wound care.

Rationale and Summary

The home's annual training record of the year 2023, for all staff who provided direct care to residents titled "Skin and Wound Care for Care Staff" and "Skin and Wound Care for Registered Staff" indicated 91.7% and 92.1% completion.

The ADOC confirmed the completion of the above training was not 100%.

Failure of staff completing the required training, may affect the quality of care being provided to the residents.

Sources: The home's course completion record for year 2023 related to skin and wound care, and interview with the ADOC.

[751]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.

Additional training — direct care staff

s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:

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

4. Pain management, including pain recognition of specific and non-specific signs of pain.

The licensee failed to ensure that according to paragraph 6 of subsection 82 (7) of the Act, all staff who provided direct care to residents, completed their annual training related to pain management, including pain recognition of specific and non-specific signs of pain.

Rationale and Summary

The home's annual training record of year 2023, for all staff who provided direct care to residents titled "Pain Management", indicated 94.8% completion.

ADOC #130 confirmed the completion of the above training was not 100%.

Failure of staff completing the required training, may affect the quality of care being provided to the residents.

Sources: The home's course completion record for the year 2023, and interview with ADOC #130.
[751]