Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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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 18, 2021	2021_853692_0012	004109-21, 005497-21, 007248-21	Critical Incident System

Licensee/Titulaire de permis

Lakeland Long Term Care Services Corporation
6 Albert Street Parry Sound ON P2A 3A4

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

Lakeland Long Term Care Services
6 Albert Street Parry Sound ON P2A 3A4

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

SHANNON RUSSELL (692), JENNIFER NICHOLLS (691)

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 7-11, 2021.

The following intake(s) were inspected upon during this Critical Incident System inspection:

-One log, which was related to a critical incident that the home submitted to the Director related to abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident; and,

-Two logs, which were related to critical incidents that the home submitted to the Director related to Improper/incompetent treatment of a resident that resulted in harm or a risk of harm to the resident.

A Follow Up inspection #2021_853692_0011 and a Critical Incident System Eldcap inspection #2021_853692_0013 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Associate Director of Nursing (ADON), Infection Prevention and Control (IPAC) Lead, Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Nursing Support Aides (NSAs), and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home

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

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

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment, by monitoring for symptoms of COVID-19 in three residents, including twice daily temperature checks.

As per COVID-19 Directive #3 that was issued by the Chief Medical Officer of Health, long term care homes (LTCHs) must conduct active screening and assessment of all residents, including temperature checks at least twice daily (at the beginning and end of the day), to identify if any resident had a fever, cough or other symptoms of COVID-19.

Furthermore, the home's Infection Prevention and Control (IPAC) Checklist for LTCHs, indicated that all residents were to be observed daily for signs of COVID-19, which included temperatures were to be taken, and recorded twice daily.

A record review of the home's resident temperature logs for a period of 30 days, identified that the temperature checks were not consistently completed for three residents.

During separate interviews with the IPAC Lead and the Director of Nursing (DON), they both indicated that all residents were to be monitored daily for symptoms of infection, which included to have their temperatures taken and recorded twice a day. They further verified that the three residents had not had their temperatures checked consistently in the 30 day period, and that they should have as per Directive #3.

Sources: COVID-19 Directive #3 for LTCHs, dated April 7 and 23, 2021; the home's IPAC Checklist for LTCHs; Resident Daily temperature logs; residents electronic health records; and interviews with staff, and the DON. [s. 5.]

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 ensuring the home is a safe and secure environment for the residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, 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. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a Personal Support Worker (PSW) complied with the home's Abuse Prevention policy when providing care to a resident.

Physical abuse is defined within the Ontario Regulations 79/10 of the LTCHA, 2007, as "the use of physical force by anyone other than a resident that causes physical injury or pain". Emotional abuse is defined as “any threatening, insulting, intimidating or humiliating gestures, actions, behaviour or remarks, including imposed social isolation, shunning, ignoring, lack of acknowledgement or infantilization that are performed by anyone other than a resident”.

A resident indicated that they had told a staff member that they had not wanted a specific PSW doing care for them any longer, as the PSW had caused them pain and spoken to them inappropriately on two occasions when providing hygiene care. The resident identified that this had caused them to be distressed, upsetting them.

During an interview with a PSW, they indicated that they had provided hygiene care on the resident and that they had stated they were “too rough”, causing them pain. The PSW identified that had not been their intention.

In an interview with the DON, they indicated that the PSW had been found to have been abusive towards the resident, as they used excessive force and had spoken to them inappropriately, and that the home had a zero tolerance for resident abuse.

Sources: CIS report; the home’s policy, “ADM-RF Abuse Definition”; a resident's care plan and progress notes; the home’s internal investigation notes; staffs personnel file; interviews with a PSW and the DON, and other staff. [s. 20. (1)]

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 ensuring that the home's abuse prevention policy is complied with, to be implemented voluntarily.

WN #3: 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 has failed to ensure that staff used safe transferring techniques when assisting a resident, specific to using two staff when performing the transfer.

The licensee submitted a CIS report to the Director for improper care related to assisting a resident. A review of the CIS report indicated that a PSW reported that a resident was assisted to a specific area by another PSW without assistance.

A review of the resident's plan of care, at the time of the incident, indicated that the resident required extensive assistance of two staff. In a review of the home's internal investigation notes, which included written statements from staff members, it was identified that the PSW had assisted the resident alone without assistance from another staff member.

In an interview with the DON, they indicated that the PSW had assisted the resident with alone, which placed the resident at risk.

The above finding is further evidence to support the order issued on March 31, 2021, during a follow up Inspection 2021_824736_0005, to be complied May 14, 2021.

Sources: CIS report; internal investigation notes; a resident's care plan and progress notes; licensee policy titled, "Lift Transfers Resident Centered Safe Lift Program"; and interviews with DON, and other staff. [s. 36.]

Issued on this 29th day of June, 2021

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

Original report signed by the inspector.