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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: January 23, 2025

Inspection Number: 2024-1618-0005

Inspection Type:
Complaint
Critical Incident

Licensee: The Regional Municipality of Halton

Long Term Care Home and City: Creek Way Village, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date (s): December 5, 6, 9, 10, 11, 13, 16, 17, 19, 20, 27, 30, 2024

The following intake (s) were inspected:

- Intake: #00122740 – [Critical Incident (CI): M623-000014-24] related to Medication Management.
- Intake: #00123399 – [CI: M623-000015-24] related to Medication Management.
- Intake: #00126836 – [CI: M623-000019-24] related to Infection Prevention and Control.
- Intake: #00128295 – Complaint related to Continence Care, Resident Care and Support Services, Skin and Wound Prevention and Management, Recreational and Social Activities, Prevention of Abuse and Neglect.
- Intake: #00131398 – [CI: M623-000021-24] related to Falls Prevention and Management.

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

Continence Care
Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Recreational and Social Activities
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident.

The licensee has failed to ensure that there was a written plan of care for a resident that set out the planned care for the resident.

Rationale and Summary

A resident had a known history of a health condition. The home did not have a written plan of care with interventions in place to address the condition.

Failure to have a written plan of care reflective of a resident health condition put them at an increased risk.

Sources: A resident's clinical record, staff interviews, and the home's policy.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other in the assessment of the resident so that their assessments were integrated and were consistent with and complemented each other.

Rationale and Summary

A resident's assessments were not consistent and did not complement each other.

One assessment noted that a medical device was removed and had not been re-inserted. Another assessment identified that the resident continued to have the device.

Sources: A resident's clinical record, and staff interviews.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken with respect to a resident under the medication management program, including the resident's response to interventions were documented.

Rationale and Summary
On a specified date a medication was administered to a resident, however the medication was not documented on the electronic Medication Administration Record (eMAR).

Sources: A resident's clinical records, staff interview, and the home's medication policy.

WRITTEN NOTIFICATION: Foot care and nail care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 39 (2)
Foot care and nail care
s. 39 (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails.

The licensee failed to ensure that a resident received fingernail care, including the cutting of fingernails.

Rationale and Summary
A resident did not receive fingernail care as required.

There was no documentation to support that the resident's fingernails had been trimmed by staff of the home between an identified time period.

Sources: A resident's clinical records, staff interview, and the home's policy.

WRITTEN NOTIFICATION: Required programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.
Required programs
s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
4. A pain management program to identify pain in residents and manage pain. O. Reg. 246/22, s. 53 (1); O. Reg. 66/23, s. 10.

The home has failed to ensure the pain management program to identify and manage pain for a resident was implemented.

In accordance with O. Reg 246/22 s. 11 (1) (b), staff did not comply with the policy/procedure titled "Pain Assessment and Management: Procedure # 18-01-01", last revised April 2018, which indicated registered staff are to "conduct a pain assessment utilizing a clinically appropriate instrument when pain is indicated by verbal complaint or non-verbal indicators."

Rationale and Summary
The home did not complete a comprehensive pain assessment before administering pain medication to a resident. This was acknowledged by staff of the home.

Sources: The home's policy, titled: "Pain Assessment and Management: Procedure # 18-01-01", last revised April 2018, staff interviews, resident's clinical records, Critical Incident (CI) #M623-000014-24.

WRITTEN NOTIFICATION: Skin and wound care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that weekly skin assessment was completed for a resident by a member of the registered nursing staff.

Rationale and Summary
A resident had a health condition. Weekly assessment was not completed as required.

Sources: A resident's clinical records and staff interview.

WRITTEN NOTIFICATION: Continence care and bowel management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee has failed to ensure that a resident who was incontinent, received an assessment that included identification of causal factors, patterns, type of

incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident required, an assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

Rationale and Summary
A resident had a change in their medical condition. Staff did not complete an assessment for the resident.

The home's policy stated that when a change occurs in a resident's health status, staff to complete an assessment.

Sources: A resident's clinical record, staff interview, and the home's continence care and bowel management policy, last reviewed March 2018.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #008 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 provide assistance with hand hygiene to a resident prior to and after eating.

In accordance with the IPAC Standard for Long - Term Care Homes issued by the Director, revised September 2023, section 10.4 (h) states that the licensee shall ensure that the hand hygiene program also includes policies and procedures, as a

component of the overall IPAC program, as well support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting.

Rationale and Summary
A resident was not assisted with hand hygiene prior to receiving their meals. Neither were they supported with hand hygiene after eating.

The home's hand hygiene policy was not followed.

Sources: Observation, staff interview and the home's hand hygiene policy.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that a resident was monitored between a specific time period for symptoms of infection.

Rationale and Summary
A resident was not monitored on every shift while they were being treated for infection. This was acknowledged by staff of the home.

Sources: A resident's clinical records, as well as staff interview.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 3.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
3. A missing or unaccounted for controlled substance.

The licensee has failed to report missing or unaccounted for controlled substances.

Rationale and Summary
The home did not report all incidents of missing or unaccounted for controlled substances to the Director between June - July 2024.

Sources: College of Nurses of Ontario Reporting Form, LTCH's investigation records, staff interview, Critical Incident Report #M623-000015-24.

WRITTEN NOTIFICATION: Administration of drugs

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee has failed to ensure that prescribed medication was administered to residents in accordance with the directions for use specified by the prescriber.

Rationale and Summary

A) A resident did not receive their medication as prescribed, resulting in significant pain and discomfort to the resident.

Sources: A resident's clinical records, Critical Incident (CI) #M623-000014-24, LTCH investigation records, staff interviews, the LTCH's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019.

Rationale and Summary
B) A resident did not receive their medication every eight hours as per the prescriber's orders.

Sources: Interviews with staff, residents' clinical records, the Narcotic and Controlled Drug Administration Record, Critical Incident Report (CI) #M623-000015-24, the LTCH's investigation records.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (2) 3.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
3. That drugs are destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to ensure that drug was destroyed and disposed of in a safe and environmentally appropriate manner in accordance with evidence-based practices.

In accordance with O. Reg 246/22 s. 11 (1) (b), staff did not comply with the home's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored

Drugs", last revised July 2019, which indicated the process for destruction of monitored medications was to deposit in the surplus narcotic bin.

Rationale and Summary
On a specified date count of narcotic capsules were discarded unsafely. The capsules were thrown in the garbage bin by staff of the home.

Sources: Resident clinical records, Critical Incident (CI) #M623-000014-24, LTCH investigation records, staff interview, the LTCH's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019.

WRITTEN NOTIFICATION: Drug destruction and disposal

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 148 (3) (a) (i)
Drug destruction and disposal
s. 148 (3) The drugs must be destroyed by a team acting together and composed of,
(a) in the case of a controlled substance, subject to any applicable requirements under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada),
(i) one member of the registered nursing staff appointed by the Director of Nursing and Personal Care.

The licensee has failed to destroy a controlled substance in accordance with the home's drug destruction and disposal policy.

In accordance with O. Reg 246/22 s. 11 (1) (b), staff did not comply with the policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019, staff are to dispose of unused monitored medications by following the procedure under the destruction of monitored medication, as they cannot be saved or reused at any time.

Rationale and Summary
The home documented the reduced count of a resident's medication, but did not explain the error, nor was its destruction captured in the Narcotic and Controlled Drug Surplus Record form.

Sources: A resident's clinical records, staff interview, the home's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019, Critical Incident Report (CI) #M623-000015-24.

COMPLIANCE ORDER CO #001 Medication management system

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (c)]:
The licensee shall:

1) Provide education and training for all Registered Nursing Staff on:

- Documenting medication administration in the electronic medication administration record (eMAR) during or as soon as possible after the care or event in accordance with the home's policy titled "Medication and Treatment Administration Records Procedure - Procedure # 06-03-19".
- The process for how to complete medication counts, and the frequency in which it is to be completed. Specifically, to review the home's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored

Drugs", last revised July 2019, which indicates "all monitored drugs must be counted at every shift change by two registered staff, one coming on shift and one going off shift, using the Narcotic and Controlled Substance Administration Record. Monitored medications must always be counted by two registered staff whenever a registered staff is leaving and another taking over."

2) Document and maintain a record of the education and training provided outlined in part 1, including the date and time this occurred, the names, title, and signature of who participated, and the name of the person who conducted the education/training. This record must be readily available for Inspector review.

3) The home must keep a record of the education and training material outlined in part 1 for the Inspector to review.

4) A member within the management team is to conduct an audit to ensure controlled substances are documented in the eMAR during or after administration. Audits should capture one resident in each home area once weekly for two weeks.

5) A member within the management team is to conduct an audit that captures morning, afternoon, night shift changes in each home area (total of three audits in each home area) to ensure medication counts are completed in accordance with the home's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs."

6) Document the audits outlined in parts 4 and 5, including any identified discrepancies and corrective actions taken made based on discrepancies. All audits conducted must be readily available for Inspector review.

Grounds

The licensee has failed to ensure the written policies and protocols for the medication management system to ensure the accurate acquisition, dispensing, storage and administration for residents were followed.

Rationale and Summary
A) In accordance with O. Reg 246/22 s. 11 (1) (b), staff did not comply with the policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019, which indicated "all monitored drugs must be counted at every shift change by two registered staff, one coming on shift and one going off shift, using the Narcotic and Controlled Substance Administration Record. Monitored medications must always be counted by two registered staff whenever a registered staff is leaving and another taking over."

On a specified date, narcotic check was not completed by two registered staff.

Sources: Resident clinical records, Critical Incident (CI) #M623-000014-24, LTCH investigation records, staff interview, the LTCH's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019.

Rationale and Summary
B) In accordance with O. Reg 246/22 s. 11 (1) (b), staff did not comply with the policy titled "Medication and Treatment Administration Records Procedure - Procedure # 06-03-19" which indicated, during and immediately after administering a medication or treatment, staff were to document in eMAR.

There was no documentation noted on the Electronic Medication Administration Record (eMAR).

Sources: Residents' clinical records, interviews with staff, the home's investigation records.

C) The College of Nurses of Ontario practice standard for Documentation, revised 2008 indicated a nurse meets the standard by: documenting in a timely manner and completing documentation during, or as soon as possible after, the care or event.

The home documented that a resident received their medication before the medication was administered to the resident.

Sources: Resident clinical records, staff interview, the LTCH's policy titled "06-03-20: Medication Administration: Narcotics/Controlled/Monitored Drugs", last revised July 2019, Observations, The College of Nurses of Ontario practice standard: Documentation, revised 2008.

This order must be complied with by April 4, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.