

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: April 25, 2023	
Original Report Issue Date: March 24, 2023	
Inspection Number: 2023-1443-0002 (A1)	
Inspection Type: <ul style="list-style-type: none"> • Complaint • Critical Incident System 	
Licensee: Benevolent Society "Heidehof" for the Care of the Aged	
Long Term Care Home and City: Heidehof Long Term Care Home, St Catherines	
Amended By Jennifer Allen (706480)	Director who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to:
This licensee inspection report has been revised to reflect the compliance order for O. Reg. 246/22, s. 55 (2) (b) (ii) has been rescinded and the legislation reference for Reporting to the Director has been corrected to O. Reg. 246/22, s. 115 (1) 5. The inspection 2023_1443_0002 was completed on March 13, 2023.

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Lead Inspector Jennifer Allen (706480)	Additional Inspector(s)
Amended By Jennifer Allen (706480)	Inspector who Amended Digital Signature

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INSPECTION SUMMARY

The inspection occurred on the following date(s):
March 1 - 3, 6 - 10, 13, 2023.

The following intake(s) were inspected:

- Intake: #00004479 - Skin and wound care and neglect.
- Intake: #00010868 - CI#2960-000008-22 – COVID-19 - Outbreak declared. Late Reporting.
- Intake: #00019323 - CI#2960-000001-23 - Fall of resident resulting in injury.

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

- **Skin and Wound Prevention and Management**
- **Infection Prevention and Control**
- **Reporting and Complaints**
- **Falls Prevention and Management**

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Minister's Directive

NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3).

The Licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every operational Minister's Directives that applies to the long-term care home, the regular IPAC self-audits are conducted in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario operational Minister's Directive was complied with.

Rationale and Summary

The Minister's Directive stated that when the home is not in an outbreak, the home is to conduct regular IPAC self-audits following the Public health Ontario (PHO) COVID-19 Self- Assessment Audit Tool for Long-Term Care Homes and Retirements Homes, at a minimum every two weeks, and at a minimum once a week when in an outbreak.

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Interviews with the Director of Care (DOC), the IPAC lead and a registered nurse (RN), confirmed that they were aware of the frequency requirements for the IPAC self-audits.

Inspector reviewed the audits from July 13, 2022, to February 28, 2023. The home missed the bi-weekly audits for COVID-19 self-assessment audits from November 2 – 29, 2022, where there was 27 days between assessments, and January 23 – February 7, 2023, where there were 15 days between assessments and February 7 – 28, 2023, where there were 21 days between assessments.

The home was in a COVID outbreak between July 25 - August 23, 2022, August 24 – September 16, 2022, September 19 – September 26, 2022, and October 6 – October 23, 2022. The home was missing two COVID-19 self-assessment audits during the July outbreak and the COVID-19 self-assessment audits were not completed weekly during the August outbreak, where the home conducted the audits every eight days.

The residents were placed at increased risk of COVID-19 transmission when the staff did not conduct regular COVID-19 self-assessment audits in accordance with the Minister's Directive COVID-19 response measures.

Sources: Interview with the IPAC lead, Minister's directives: COVID-19 response measures for long-term care homes Effective August 30, 2022, PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes.

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WRITTEN NOTIFICATION: Plan of Care

NC #02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee failed to ensure that the care set out in the plan of care was provided to a resident as specified in their plan of care.

Rational and Summary:

A resident's plan of care indicated that they were at moderate risk for falls. Their falls prevention interventions included use of a safety alarm.

Inspector observed during the course of the inspection that the resident did have a safety alarm attached to their wheelchair, but not clipped to the resident while sitting in their wheelchair.

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A registered staff member verified that the safety alarm was an active fall prevention intervention included in the resident's plan of care.

On a specified date a registered staff member acknowledged that the resident safety alarm was not in place and was not found in the resident's room.

Due to staff failing to ensure that the resident's care is provided as set out in their plan of care, there was a risk of the resident having a fall with injury.

Sources: The resident's care plan, observation of the resident and resident's room; interviews with staff

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The following non-compliance(s) has been newly issued: NC #03

WRITTEN NOTIFICATION: Reporting to the Director

NC #03 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 115 (1) 5.

The licensee failed to ensure the home informed the Director immediately in the circumstances, an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

Rationale and Summary

The DOC received confirmation from Public Health that an outbreak was declared. The Critical Incident (CI) report was submitted by the home to the Director on October 7, 2022, indicating the outbreak.

The DOC confirmed they were aware of the reporting requirements for public health disease reporting and acknowledged that immediate reporting would have been the same day.

Failure to send a CI within the required time frame may have resulted in the Director not being made aware of the situation and taking actions if necessary.

Sources: CI report, COVID-19 self assessment audits; and interview with the DOC.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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The following non-compliance(s) has been amended:

COMPLIANCE ORDER CO # 001 Wound Care

NC #04 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii).