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**
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# Original Public Report

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| **Report Issue Date: December 7, 2023** |
| **Inspection Number:** 2023-1443-0004 |
| **Inspection Type:**<br>Complaint<br>Critical Incident |
| **Licensee:** Benevolent Society "Heidehof" for the Care of the Aged |
| **Long Term Care Home and City:** Heidehof Long Term Care Home, St Catherines |

| **Lead Inspector** | **Inspector Digital Signature** |
|---|---|
| Jennifer Allen (706480) | Jennifer L Allen<br>Digitally signed by Jennifer L Allen<br>Date: 2023.12.20 15:15:59 -05'00' |

**Additional Inspector(s)**
Kerry O'Connor (000769)

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): **November 15-17, 20-21, 23, 27-30, 2023.**

The following intake(s) were inspected:

- Intake: #00098047 -CI#2960-000007-23 - Fall of a resident resulting in injury.
- Intake: #00099089 - Complaint with concerns regarding a resident relating to plan of care and air temperature.

The following intake was completed in this inspection: Intake #00098047, CI#2960-000007-23 was related to falls.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Reporting and Complaints
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 failed to ensure that the written plan of care, set out the care for a resident.

**Rationale and Summary**

The Ministry of Long-Term Care received a complaint reporting that a resident's substitute decision-maker was not informed that the home removed a fall

intervention safety device.
Progress notes indicated that the resident had a safety device in place prior to the removal. There were no records found in the resident's care plan that a bed alarm intervention was ever in place and implemented.
The ADOC stated that the resident did use the safety device and the safety device should be listed in the resident's written care plan.
Failure to ensure that the resident's written plan of care set out the resident's actual plan of care was a risk to the resident safety.

**Sources**: Resident's health records; interview with the ADOC.
[706480]

## WRITTEN NOTIFICATION: Plan of Care - Involvement

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (5)**
Plan of care
Involvement of resident, etc.
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that a resident's substitute decision-maker was given the opportunity to fully participate in the development and implementation of the resident's plan of care.

**Rationale and Summary**
The Ministry of Long-Term Care received a complaint reporting that a resident's

substitute decision-maker was not informed that the home removed the resident's safety device.
Progress Notes indicated that the resident's family approached the nursing staff inquiring why the safety device was removed and that they were not informed of the decision to remove the device.
Progress notes a few months earlier stated the safety device was implemented due to risk of the resident and the SDM was also not informed of the implementation.
The ADOC stated the safety device was removed due to device malfunctioning and the resident was no longer had the need for it. The ADOC acknowledged there was missed communication with the family.
The SDM was not notified of the changes in the implementation of the plan of care.
Failure to provide the SDM the opportunity to participate fully in the development and implementation of the resident's plan of care resulted in the SDM being unaware of the changes in the resident's status and care needs.

**Sources**: Resident's health records, The Ministry of Long-Term Care complaint; interview with the ADOC.
[706480]

## WRITTEN NOTIFICATION: Duty of Licensee to comply with plan

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (7)**
Plan of care
Duty of licensee to comply with plan
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee failed to ensure that the falls intervention of the safety devices for the

resident was set out in the plan of care, were provided to the resident as specified in the plan.

**Rationale and Summary**
A resident was readmitted to the home. Their care plan was revised to advise staff to include frequent safety checks to ensure that the safety devices were in place. On a specified day it was observed that the resident's safety devices were not in place. Later that day, it was observed that the safety devices were replaced. A staff member reported that the safety devices were missing in error.
There was an increased risk to the resident, due to not following the resident's plan of care.

**Sources:** Resident's current health records; Observations of Inspector, Interview with staff.
[000769]

## WRITTEN NOTIFICATION: Plan of Care - Reassessment, Revision required

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 6 (10) (c)**
Plan of care
When reassessment, revision is required
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(c) care set out in the plan has not been effective.

The licensee failed to ensure that when the resident's plan of care for eating and drinking were no longer effective, the plan of care was reviewed and revised.

**Rationale and Summary**

The Ministry of Long-Term Care received a complaint reporting that a resident did not receive timely nutritional care.

Progress notes indicated the resident was experiencing a deterioration in their nutritional intake, where staff were documenting the assistance provided was ineffective.

A registered staff member stated that the resident was refusing their food and fluids, required significant more time and encouragement when assisting with eating and drinking. The registered staff member also stated that the resident was showing signs of dehydration, and that a specific referral was submitted. No other interventions were tried during this time.

The specific referral was submitted reporting changes to the resident's intake and health status and that the family had made a specific request. During a specific date range, the resident's plan of care was no longer effective to meet the needs of the resident. Following this date range, a second referral was submitted with the same concerns, 13 days following the first referral. At which time the Dietitian reviewed and revised the resident's plan of care.

The Dietitian acknowledged that 13 days following a referral for a high risk resident was not a timely response to the referral.

Failure to ensure the resident's needs were met, increased the resident risk to the resident.

**Sources**: Resident's health records, The Ministry of Long-Term Care complaint; interview with registered staff and the Dietitian.

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## WRITTEN NOTIFICATION: Care Conferences

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

**Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)**

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee failed to ensure that a resident received their annual care conferences for 2022 and 2023.

**Rationale and Summary**

The Ministry of Long-Term Care received a complaint reporting that a resident did not receive their annual care conferences.

The home's Family Care Conference Policy stated that an interdisciplinary team will meet with the resident and their Substitute Decision Maker (SDM) annually thereafter, and more often as required.

Progress notes identified there was no annual care conference held for 2022 and 2023. There was no evidence that the opportunity for the SDM to have a discussion of the resident's plan of care with the interdisciplinary team occurred. A care conference was held when the resident health status started to deteriorate and the family raised concerns.

The ADOC acknowledged the home was behind in their annual care conferences and that phone or virtual care conferences were available when in person meetings were not possible.

The impact of not providing residents and families the ability to have a discussions

with the interdisciplinary team places residents at risk to not have their concerns, or the concerns of their chosen participants addressed in a collaborative manner.

**Sources**: Resident's health records, The Ministry of Long-Term Care complaint, Family Care Conference Policy (last reviewed December 2022); interview with the ADOC.
[706480]

## WRITTEN NOTIFICATION: General Requirements

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.**
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The licensee failed to ensure that the skin and wound care program was updated annually.

**Rationale and Summary**
Review of the home's Skin and Wound Care Program indicated registered staff upon discovery of any altered skin integrity should complete a Pressure Ulcer/Wound

Assessment Record form.
Interview with the ADOC confirmed that the registered staff are not using the above-mentioned form and using the Skin and Wound application on the unit phones, and this has been the process for the staff for a few years.
The ADOC and the ED confirmed that the program provided for review was the most recent version of the program and acknowledged that the procedures written in the program were not updated with the current practices of the home.

**Sources:** Skin and Wound Care Program (last reviewed December 2022); interview with the ADOC and the ED.
[706480]

## WRITTEN NOTIFICATION: General requirements for Programs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.**
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

A. The licensee failed to ensure that records of evaluations of the falls prevention and maintenance program were kept including the dates evaluations were

conducted, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

**Rationale and Summary**
The licensee failed to produce a record of evaluations conducted for the falls prevention and maintenance program. The ED advised that the falls prevention and maintenance program are evaluated at weekly multidisciplinary meetings. The ED reported that evaluation of the program occurs more frequently than the annual requirement. The ED advised that any changes made were implemented at that time of review and there are no formal records of the changes made, but they may have some notes if bigger issues are being changed. Inspector #000769 requested those notes from the ED for evaluation of the program. Upon review of those notes, the documentation failed to include the dates evaluations were conducted, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. A second interview with the ED, confirmed that there was no formal record of the annual evaluation of the Falls prevention and maintenance program.

**Sources:** Failure of licensee to provide a record of evaluation of the Falls prevention and maintenance program; interview with Executive director.
[000769]

B. The licensee has failed to keep a written record relating to the Skin and Wound Care Program evaluation, that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

**Rationale and Summary**
A request was made for the Skin and Wound Care Program annual evaluation to

review. The ED responded with they do not have a formal record of program evaluations in one place and only make notes during other professional meetings. With the absence of the programs' evaluation documentation, it could not be verified which interdisciplinary team members were involved in the evaluation, any summary of the changes and their implementations which may potentially impact the residents' skin and wound care interventions.
Risk to resident related to this non-compliance was low.

**Sources**: No evidence of Skin and Wound Care Program annual evaluation; interview the ED.
[706480]

## WRITTEN NOTIFICATION: Skin and Wound Care

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)**
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,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident who exhibited altered skin integrity, received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessments.

**Rationale and Summary**

According to the progress notes, a resident's family member brought to the attention of the nursing staff that the resident had injuries and asked for the staff to complete a full skin assessment.

Upon assessment from the registered nurse, they documented in the progress notes there were old injuries.

Review of the resident's health records revealed there was no specific assessment completed by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment when the bruising was discovered.

The ADOC confirmed that the specific skin assessment was expected to be completed when there was altered skin integrity.

Failure to ensure that the specific skin assessment was completed for the resident could lead to further progression of altered skin being undetected and delay in treatment.

**Sources**: Resident's health record, interviews with the ADOC.
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## WRITTEN NOTIFICATION: Dealing with complaints

NC #09 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 108 (3)**

Dealing with complaints

s. 108 (3) The licensee shall ensure that,

(a) the documented record is reviewed and analyzed for trends at least quarterly;

(b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and

(c) a written record is kept of each review and of the improvements made in

response.

**Introduction**
The licensee failed to ensure that a documented record of complaints was reviewed and analyzed for trends quarterly. The licensee failed to use results from reviews to determine required improvements in the home. A written record was not kept of review and changes implemented.

**Rationale and Summary**
The complaints log was reviewed. The complaints log included five written complaints. The complaint log did not contain any documentation of a review or analysis of the complaints. The ED stated that the home has few complaints, and no review and analysis of those complaints were completed. The ED also stated they did not conduct a review of the complaints and had no record to be reviewed. Failure to review the home's complaint log, resulted in the home's inability to use those results to conduct an analysis to make improvements in the home.

**Sources:** Failure of the home to provide review and analysis of the complaints, Interview with the ED.
[000769]