

**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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Apr 26, 2021	2021_689586_0014	025249-20, 025486- 20, 025783-20, 000063-21, 001194- 21, 002739-21, 002969-21, 003064-21	Critical Incident System

Licensee/Titulaire de permis

St. Joseph's Health System
50 Charlton Avenue East Room M146 Hamilton ON L8N 4A6

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

St. Joseph's Lifecare Centre
99 Wayne Gretzky Parkway Brantford ON N3S 6T6

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

JESSICA PALADINO (586), LESLEY EDWARDS (506)

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): March 18, 19, 22, 23, 24, 25, 26, 29, 30, 31 and April 8 and 9, 2021.

This inspection was completed with registered nursing student Olive Mameza Nenzeko in attendance March 18 and 29, 2021.

The following Critical Incident System (CIS) inspections were completed related to responsive behaviours:

**025249-20 (2976-000060-20);
025486-20 (2976-000067-20);
025783-20 (2976-000068-20);
000063-21 (2976-000001-21);
001194-21 (2976-000006-21);
002739-21 (2976-000009-21);
002969-21 (2976-000010-21); and,
003064-21 (2976-000012-21).**

During the course of the inspection, the inspector(s) spoke with Vice President (VP), Director of Long-Term Care (DLTC), Assistant Director of Care (ADOC), Infection Prevention and Control (IPAC) Campus Lead, Nutrition and Environmental Manager (NEM), Registered Dietitian (RD), Brantford Public Health Unit, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), housekeeping staff, dietary aides (DA), residents and families.

During the course of the inspection, the inspector(s) completed an IPAC assessment, observed resident care and meal service and reviewed resident health records, complaint correspondence, security camera footage, program evaluations and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Minimizing of Restraining
Responsive Behaviours**

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

**2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:

1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the following requirements were met where a resident was being restrained by a physical device under section 31 of the Act: Staff only apply a physical device that has been ordered or approved by a physician or the registered nurse in the extended class.

A resident was displaying responsive behaviours towards other residents and was placed in a device with restraining properties without an order for the device to be used.

An RPN confirmed that the resident was put in the device and this was considered a restraint. They also confirmed that there was not an order for this device to be used as a restraint for these types of incidents.

The ADOC and DOC confirmed that the legislative requirements were not followed when the resident was restrained. This posed a risk to the resident as the physician was not made aware and was not a part of the assessment of this resident.

Sources: CIS report, resident clinical record including progress notes, written plan of care and staff interviews. [s. 110. (2) 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 to ensure that where a resident is being restrained by a physical device under section 31 of the Act, staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- 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,**
- (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the care set out in the plan was no longer necessary.

A resident's written care plan identified that they required a specific intervention to manage their responsive behaviours toward co-residents; however, this was no longer required for the resident. The ADOC confirmed that this had been discontinued and should have been removed from the written care plan.

The risk to the resident of staff not reviewing and revising the written care plan was that the current plan of care was not reflective of the resident's actual care needs.

Sources: CIS reports, resident clinical record including progress notes and written plan of care, observation of the resident and staff interviews. [s. 6. (10) (b)]

Issued on this 28th day of April, 2021

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

Original report signed by the inspector.