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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: March 17, 2025

Inspection Number: 2025-1459-0002

Inspection Type:
Critical Incident
Follow up

Licensee: St. Joseph's Health System

Long Term Care Home and City: St. Joseph's Lifecare Centre, Brantford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
March 3, 4, 5, 6, 7, 10, 11, 12, 13 and 17, 2025
The inspection occurred offsite on the following date(s):
March 7, 10 and 14, 2025

The following intake(s) were inspected:

- Intake: #00135277 - Follow-up Compliance Order (CO) #001 from Inspection 2024-1459-0007 related to FLTCA, 2021, s. 6 (2) Plan of Care with Compliance Due Date (CDD) January 31, 2025.
- Intake: #00135273 - Follow-up CO #002 from Inspection 2024-1459-0007 related to FLTCA, 2021, s. 6 (7) Plan of Care with CDD January 31, 2025.
- Intake: #00135276 - Follow-up CO #004 from Inspection 2024-1459-0007 related to O. Reg. 246/22, s. 55 (2) (b) (iv) Skin and Wound Care with CDD January 31, 2025, extended to February 28, 2025.
- Intake: #00135278 - Follow-up CO #005 from Inspection 2024-1459-0007 related to O. Reg. 246/22, s. 57 (2) Pain Management with CDD January 31, 2025.

- Intake: #00135272 - Follow-up CO) #006 from Inspection 2024-1459-0007 related to O. Reg. 246/22, s. 79 (1) 5. Dining and Snack Service with CDD January 31, 2025.
- Intake: #00135275 - Follow-up CO #007 from Inspection 2024-1459-0007 related to O. Reg. 246/22, s. 147 (3) Medication Incidents and Adverse Drug Reactions with CDD January 31, 2025.
- Intake: #00139753 - Critical Incident (CI) 2976-000006-25 related to Fall Prevention and Management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #002 from Inspection #2024-1459-0007 related to FLTCA, 2021, s. 6 (7)
Order #007 from Inspection #2024-1459-0007 related to O. Reg. 246/22, s. 147 (3)
Order #004 from Inspection #2024-1459-0007 related to O. Reg. 246/22, s. 55 (2) (b) (iv)
Order #001 from Inspection #2024-1459-0007 related to FLTCA, 2021, s. 6 (2)
Order #005 from Inspection #2024-1459-0007 related to O. Reg. 246/22, s. 57 (2)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:
Order #006 from Inspection #2024-1459-0007 related to O. Reg. 246/22, s. 79 (1) 5.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration

Infection Prevention and Control
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee failed to ensure that where the Act or Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee was required to ensure that the policy was in compliance with all applicable requirements under the Act.

Ontario Regulation (O. Reg.) 246/22, s. 34. (1) states, 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: 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 246/22, s. 53. (1) 4 states, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: a pain management program to identify pain in residents and manage pain.

O. Reg. 246/22, s. 57 (2) states, every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The Pain Management Policy did not include O. Reg. 246/22, s. 57 (2). The Administrator updated the policy to include this.

Sources: review of the Pain Management Policy 1-NR-129, clinical record review of pain assessments for two residents and staff interviews with the Administrator, Director of Care and the Clinical Manager/Pain Lead.

Date Remedy Implemented: March 11, 2025

WRITTEN NOTIFICATION: Based on Assessment of Resident

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on

an assessment of the resident and on the needs and preferences of that resident.

The licensee has failed to ensure that a resident's plan of care was based on assessments of the resident's needs and preferences.

The plan of care indicated a transfer status, and the physiotherapy assessed the resident for a different transfer status. Pain assessments were completed, however did not specify the location or source of pain, and with this, the directions in the plan of care related to pain management were unclear.

A registered staff member stated they were unsure who was responsible for updating plans of care. The Clinical Manager and Director of Care confirmed that the plan of care was unclear as it was not based on assessment of the resident. With this, there was risk that the resident did not receive the required care, which could have caused increased or unresolved pain and further injury.

Sources: Resident observations, staff interviews with Personal Support Workers, a Registered Practical Nurse, Clinical Manager and Director of Care, clinical health records for the resident.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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 fall interventions and mobility care outlined in the plan of care were implemented for a resident.

The resident's plan of care documented a fall prevention intervention and staff did not properly implement the intervention as planned. A Personal Support Worker (PSW) stated the resident needed the intervention due to a high risk of falls. The plan of care required the resident to use footrests to be attached to the wheelchair when portering. The PSW acknowledged the footrests were not applied while portering the resident.

Failure to implement the fall prevention interventions and footrests as outlined in the plan of care increased the risk of falls, fall-related injuries, and foot injuries.

Sources: resident observations, resident clinical record review; interviews with PSWs and the Clinical Manager.

WRITTEN NOTIFICATION: Licensee Must Comply

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with the conditions to which the licence was subject to compliance order (CO) #006 from inspection #2024-1459-0007 with compliance due date January 31, 2025, related to food and fluids not being served at a temperature that was both safe and palatable to the residents.

Compliance order #006 A) ordered the home to review and revise their Food Temperature policy to include an upper limit for hot foods and fluids, outlining a temperature at which food will not be served to residents and the steps that staff

will take in the event a food or fluid item has exceeded the limit. The policy was revised to include "Hot food must reach between 60° C (140 ° F) - 74° C (165 ° F)", however the steps that staff would take in the event a food or fluid item has exceeded the limit only stated, "If food is above proper temperature allow time to cool until it reaches an internal temperature of 74° C before serving".

A Dietary Aide and the Nutrition Services Manager explained two different cooling procedures, and neither were identified as part of the policy. The Nutrition Services Manager verified the policy did not include the steps to cool food and verified the policy to "allow time to cool until it reaches an internal temperature of 74° C before serving" does not provide the steps taken to allow time to cool.

CO #006 B) ordered the home to train Food Service Workers and any other staff responsible for measuring food and fluid temperatures on the revised policy, as well as the expectations for measuring the temperatures of food and fluids. The Nutrition Services Manager verified Food Service Workers and any other staff responsible for measuring food and fluid temperatures were trained on a policy that was not clear related to the steps that staff would take in the event a food or fluid item had exceeded the limit.

Sources: review of the Food Temperature Policy, training records and food temperature production sheets, and staff interviews with the Nutrition Services Manager and Dietary Aide.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #004

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
There was no Written Notification for FLTCA, 2021, s. 104 (4) issued in the past 36 months.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #001 Dining and Snack Service

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
5. Food and fluids being served at a temperature that is both safe and palatable to

the residents.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The Licensee has failed to comply with O. Reg. 246/22, s. 79 (1) 5.
Specifically, the licensee must:
a) Ensure food and fluids are being served at a temperature that are both safe and palatable to the residents.
b) Develop and implement a weekly auditing process to ensure the food service workers are taking and recording the food temperatures for all required food and fluid items at every meal and snack for the dining room in accordance with the home's policies and procedures.
c) A documented record will be maintained of the audits, including the dates, name of the food service worker, and corrective action taken. The auditing must continue until the order is complied by an inspector.

Grounds
The licensee failed to ensure that the home had a dining and snack service that included food and fluids being served at a temperature that was both safe and palatable to the residents.

A home care area had servery food temperature logs, Production Sheets, where breakfast service food temperatures were not documented six of ten days. On multiple dates during multiple meal services for breakfast, lunch and supper, hot food temperatures exceeded the documented safe range of 60 - 74 degrees Celsius (ºC) or 140 - 165 degrees Fahrenheit (ºF) by 14-25º F for regular, minced and puree options.

Random residents were interviewed and revealed the chicken noodle soup was served lukewarm and residents wanted it hotter. There was no evidence during the interviews that hot foods were served too hot despite the lack of documented food

temperatures for hot food entrees at lunch.

The Nutrition Services Manager verified there were multiple breakfast production sheets that were blank and other production sheets between documented hot food temperatures that exceeded the documented safe range for resident service. Two Dietary Aides verified all food items were to be measured for food temperature at all meals.

The Nutrition Services Manager verified the serving temperature was not documented and simply reviewing the production sheets weekly does not provide the information to ensure that food and fluids were being served at a temperature that was both safe and palatable to the residents. The chicken noodle soup was not palatable and there was risk to residents when food temperatures exceeded the documented safe range prior to meal service on multiple dates during multiple meals. There was no documented evidence of actions taken when food temperatures exceeded the upper limit for hot food.

Sources: review of Production sheets, resident clinical records in Point Click Care (PCC) and Point of Care (POC) documentation, Food Temperatures Policy POL-FS-53 and menus, lunch service observation and staff interviews with the Nutrition Services Manager, Dietary Aides and residents.

This order must be complied with by May 16, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Ministry of Long-Term Care
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Telephone: (800) 663-3775

Notice of Administrative Monetary Penalty AMP #002
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

There is one Compliance Order for O. Reg 246/22, s. 79 (1) 5 issued December 23, 2024, for the PCI inspection 2024-1459-0007.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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.