Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report under the
Fixing Long-Term Care Act, 2021

Sudbury Service Area Office
159 Cedar Street, Suite 403
Sudbury ON P3E 6A5
Telephone: 1-800-663-6965
SudburySAO.moh@ontario.ca

Original Public Report

Report Issue Date September 6, 2022
Inspection Number 2022_1468_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
North of Superior Healthcare Group

Long-Term Care Home and City
Wilkes Terrace
Terrace Bay, ON

Lead Inspector
Lauren Tenhunen [196]

Choose an item.

Lauren Tenhunen

Digitally signed by Lauren Tenhunen
Date: 2022.09.06 10:33:55 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): June 27, 28, and August 29, 2022.

The following intake was inspected:

- One log related to a resident fall with injury.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

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#01 remedied pursuant to FLTCA, 2021, s. 154(2)

FLTCA, 2021, s. 6(1)(c)

The licensee failed to ensure that the written plan of care for resident #001 set out clear directions to staff and others who provide direct care to the resident.

Rationale and Summary
The current care plan for resident #001 was reviewed. For one activity of daily living (ADL) the plan indicated a type of assistance and for another ADL it identified a different type of assistance. The most recent Physiotherapy (PT) assessment indicated a type of assistance.

Registered Practical Nurse (RPN) #101 reported that the care plan had not been updated with the residents' current needs for an activity of daily living.

RPN #101 reviewed and revised the care plan to indicate the resident's need for a type of assistance with an ADL.

Sources: Resident #001's current care plan; PT assessment: and an interview with RPN #101.

Date Remedy Implemented: June 28, 2022 [196]

WRITTEN NOTIFICATION: PLAN OF CARE

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

Non-compliance with: LTCHA 2007, c. 8, s. 6(2)

The licensee failed to ensure that the care set out in the plan of care was based on an assessment of resident #001 and their needs.

Rationale and Summary

Resident #001 had a fall with injury.

The Morse Fall Scale completed prior to the fall had identified resident #001 as a certain risk for falls. The care plan in effect at the time did not identify resident #001's risk for falls and did not include interventions to be implemented to prevent falls.

RPN #101 reported the resident's care plan did not reference the resident's risk for falls and did not include a focus of falls.

The LTC Manager reported that the care plan should have had a focus of falls and interventions for fall prevention.

The resident's risk for falls were not identified in their care plan and this posed a risk as interventions were not included.

Sources: Resident #002's health care records and Morse Fall Scale, care plan, CIS report, homes' policy titled, "Falls Prevention – NUR 052.1- February 2017"; and an interview with the LTC Manager, resident #001 and other staff.

COMPLIANCE ORDER: CO#001 SAFE TRANSFERRING AND POSITIONING

NC#03 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 79/10, s. 36

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 79/10, s. 36.

The licensee shall:

- Conduct a documented review to ensure all direct care staff have been trained on proper techniques for lifts and transfers.
- Develop and implement an auditing process to ensure that residents are being transferred using proper techniques. The audits must be continued for at least one month post compliance due date to ensure sustainability.
-Implement any necessary corrective action to address concerns identified during the auditing process.
-Documentation of the audits and corrective action must be maintained.

Grounds

Non-compliance with: O. Reg. 79/10, s. 36

The licensee has failed to ensure that staff used safe transferring techniques when assisting resident #001.

Rationale and Summary
Resident #001 had a fall with injury when assisted by staff with an ADL.

Resident #001 indicated that the staff member was in a hurry to get them up to go for lunch.

The Long-Term Care (LTC) Manager indicated that the staff member had not assisted resident #001 properly with an ADL.

There was a high impact and a high risk to resident #001 as the staff member had not assisted the resident properly.

Sources: Resident #001's health care records, CIS report, homes' internal investigation records, staff training records, homes' policy titled, "Zero Lift Client Handling – NUR 055 – revised April 2021"; interview with the LTC Manager, resident #001 and other staff. [106]

This order must be complied with by October 5, 2022

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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. Please include the inspection report # and the order or AMP #;
(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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

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SudburySAO.moh@ontario.ca

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
email: 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.