

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

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

Original Public Report

Report Issue Date: April 13, 2023	
Inspection Number: 2023-1470-0002	
Inspection Type: Critical Incident System	
Licensee: Oneida Nation of the Thames	
Long Term Care Home and City: Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwatisni), Southwold	
Lead Inspector Tatiana Pyper (733564)	Inspector Digital Signature

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): March 15, 20, 21, and 22, 2023 The inspection occurred offsite on the following date(s): March 23, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00003373 – CI # 3042-000004-22, related to medication management. • Intake: #00021345 – CI # 3042-000003-23, related to falls prevention and management.

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

- Medication Management
- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (2)

The licensee has failed to 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.

Rationale and Summary

A resident was observed during the inspection to be in their bed with a personal assistance services device (PASD) in place.

Review of a resident's clinical records indicated that they had an assessment completed, which specified that they did not require a PASD. Review of the resident's plan of care indicated that the use of PASD was not included in their plan of care.

During an interview, Administrator/Director of Care (DOC) stated that all residents in the home had PASDs in place, and they used them for repositioning of residents. Administrator/DOC stated that the care plan for the resident did not include the use of PASD. Administrator/DOC stated that the use of PASD should be in the care plan of all residents.

There was risk to the resident when PASD were used, even though their clinical assessment related to safety risks of PASD indicated that they were not recommended.

Sources: review of the resident's clinical records and interview with Administrator/DOC.

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WRITTEN NOTIFICATION: FALLS PREVENTION AND MANAGEMENT

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

The licensee has failed to comply with the Falls Prevention and Management Program in the home for the Head Injury Routine (HIR) for a resident.

In accordance with O. Reg 246/22 s.11. (1) b, the licensee was required to ensure the Oneida Long-Term Care Falls Management Policy #4.1-12 was complied with as a part of the Falls Prevention and Management Program.

Specifically, staff did not comply with the licensee's Oneida Long-Term Care Falls Management Policy #4.1 12 which was part of the licensee's Falls Prevention and Management Program.

Rationale and Summary

Review of a resident's clinical records indicated that they sustained an unwitnessed fall.

Record review of the Head Injury Routine (HIR) form for a resident indicated that the HIR documentation was not completed at certain intervals, and the documentation indicated either "supper time" or "sleeping" at these times.

Record review of the Oneida Long-Term Care Falls Management Policy #4.1-12 indicated that a HIR was required to be initiated and completed for any unwitnessed falls or falls with a head injury.

During an interview, a Registered Practical Nurse (RPN) stated that the HIR for the resident was not completed in full at the interval of times required.

During an interview with the Administrator/Director of Care (DOC), they stated that the HIR documentation not been completed at all the required intervals required did not meet their expectation.

There was risk to the resident when they were not neurologically assessed for changes in their level of consciousness or responsiveness at the required time intervals.

Sources: Review of the resident's clinical records, interview with RPN, and Administrator/DOC.

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Telephone: (800) 663-3775**WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL****NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure the COVID-19 Minister's Directive for Long-Term Care Homes under the Fixing Long-Term Care Act, 2021, effective April 27, 2022, was carried out in the home by not screening residents in the home at least once daily for symptoms of Covid-19, including temperature checks.

Specifically, the Minister's Directive: COVID-19 response measures for long-term care homes dated August 30, 2022, states that licensees were required to ensure that the COVID-19 screening requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario dated December 23, 2023, or as amended, are followed.

In reference to the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, homes must ensure that all residents were assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

Rationale and Summary

Review of a resident's clinical records indicated that there were no temperature checks recorded for several days during the month of February and March 2023.

In an interview, a Registered Practical Nurse (RPN) stated that they had stopped screening residents for signs and symptoms of COVID-19, including completing temperature checks. The RPN stated that they were only completing temperature checks for residents who required vital checks as a part of their Head Injury Routine (HIR) screening.

In an interview, the Infection Prevention and Control Lead (IPAC) stated that their expectation was that every resident was monitored daily for COVID-19 symptoms, including screening residents for signs and symptoms of COVID-19, which included temperature checks. The IPAC Lead stated that the staff not screening the residents for signs and symptoms of COVID-19 including temperature checks did not meet the expectations of the home.

There was potential risk to residents when they were not monitored daily for COVID-19 symptoms, including temperature checks.

Sources: Review of the resident's clinical records, interview with RPN and IPAC Lead.

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented.

Rationale and Summary

Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes dated August 30, 2022, states that licensees are required to ensure that the masking requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario are carried out.

In an interview, Infection Prevention and Control (IPAC) Lead stated that the staff members in less than six feet distance from one another did not meet the expectations of the home.

Staff members posed a potential risk of spreading health care related infections.

Sources: IPAC observations of the home and interview with IPAC Lead.

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