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

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Original Public Report

Report Issue Date: April 11, 2023
Inspection Number: 2023-1473-0003
Inspection Type: Complaint Follow up Critical Incident System
Licensee: Henley Place Limited
Long Term Care Home and City: Henley Place, London

Lead Inspector	**Inspector Digital Signature**
Ali Nasser (523)	Ali Nasser Digitally signed by Ali Nasser Date: 2023.04.17 15:19:16 -04'00'

Additional Inspector(s)
Melanie Northey (563)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 13, 14, 15, 16, 21, 22, 23, 24, 27, 28, 29 and 30, 2023
The inspection occurred offsite on the following date(s): March 23, 2023

The following intake(s) were inspected:

- Intake: #00004190 - related to allegations of staff to resident abuse.
- Intake: #00014069 - related to responsive behaviours.
- Intake: #00015064 - related to specific care concerns.
- Intake: #00015093 - Follow-up - Compliance Order High Priority CO #001 from Inspection #2022-1473-0002 related to O.Reg. 246/22 - s. 140 (2).
- Intake: #00015094 - Follow-up - Compliance Order CO #002 from Inspection #2022-1473-0002 related to O.Reg. 246/22 - s. 147 (1) (a).
- Intake: #00015095 - Follow-up - Compliance Order #003 from Inspection #2022-1473-0002 related to O.Reg. 246/22 - s. 147 (1) (b).
- Intake: #00015096 - Follow-u - Compliance Order High Priority CO #004 from Inspection #2022-1473-0002 related to O.Reg. 246/22 - s. 40.
- Intake: #00016833 - related to responsive behaviours.
- Intake: #00017790 - related to resident's injury.
- Intake: #00018102 - related to responsive behaviours.
- Intake: #00018644 - related to specific care concerns.
- Intake: #00019941 - related to resident's injury.

- Intake: #00020489 - related to resident's fall.
- Intake: #00021168 - related to resident's fall.
- Intake: #00021591 - related to medical status and transfer to hospital.
- Intake: #00021945 - related to allegation of staff to resident abuse.
- Intake: #00084490 - related to allegations of abuse and food production.

The following intakes were completed in this inspection: intake #00084151 - related to falls.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2022-1473-0002 related to O. Reg. 246/22, s. 140 (2) inspected by Ali Nasser (523)
Order #002 from Inspection #2022-1473-0002 related to O. Reg. 246/22, s. 147 (1) (a) inspected by Ali Nasser (523)
Order #003 from Inspection #2022-1473-0002 related to O. Reg. 246/22, s. 147 (1) (b) inspected by Ali Nasser (523)
Order #004 from Inspection #2022-1473-0002 related to O. Reg. 246/22, s. 40 inspected by Ali Nasser (523)

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
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)
O. Reg. 246/22, s. 29 (3) 21.

The licensee has failed to ensure the plan of care for a specific resident was based on, at a minimum, interdisciplinary assessment of the resident's sleep patterns and preferences.

In an interview a Personal Support worker "PSW" said there was no direction in the plan of care for the resident's sleep pattern and preferences, but the staff were aware of the resident's preferences and provided the care based on their preference.

In an interview Assistant Director of Care "ADOC" reviewed the resident's plan of care with inspector and confirmed there was no direction in the plan of care specific for the resident's sleep patterns and preferences.

In an interview the ADOC said they met with resident and family and updated the plan of care to reflect the resident's sleep patterns and preferences and shared the update with staff.
[523]

Date Remedy Implemented: March 30, 2023

WRITTEN NOTIFICATION: Resident's Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 3.

The licensee has failed to ensure that a resident's right to have their participation in decision-making was fully respected and promoted.

Rationale & Summary:
In interviews two staff members reported that a resident was refusing to participate in an activity and just wanted to be in a quiet place. They reported that information to a PSW, but the PSW proceeded to take the resident to the activity.

In an interview the PSW confirmed the two staff reported to them the resident did not want to go to the activity. The PSW took the resident to the activity without reapproaching resident or asking them if they wanted to attend.

In an interview the Administrator said the resident's right to participate in decision making process was not fully respected and promoted. The Administrator said the resident enjoyed the activity.

Resident's right to participate in decision making was not fully respected and promoted.

Sources: Staff interviews. [523]

WRITTEN NOTIFICATION: Plan of care not reviewed

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's plan of care was reviewed and revised when the resident's care needs were changed.

Rationale & Summary:
The home submitted a Critical Incident System (CIS) report related to a resident fall and injury.

A review of the care plan with a Registered Practical Nurse (RPN) and a ADOC showed the plan of care specific to certain interventions was not reviewed and revised after the resident had a fall and change in resident's care needs.

Sources: Clinical record review and staff interviews. [523]

WRITTEN NOTIFICATION: Care not provided as per plan of care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

Rationale & Summary:
During the inspection inspector observed a PSW completing a transfer for a resident. The transfer was completed safely. The PSW reviewed resident's plan of care with inspector and said resident transfer was not completed as per plan of care. The PSW said another intervention was not implemented today as specified in the plan.

In an interview the ADOC reviewed the plan of care with inspector and confirmed the care set out in the plan of care for the resident specific to certain interventions was not provided to the resident as specified in the plan.

Sources: Clinical record review, resident observation and staff interviews. [523]

WRITTEN NOTIFICATION: Required Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

The licensee failed to shall ensure that the pain management program to identify pain and manage pain for a resident was implemented in the home.

Rationale & Summary
Ontario Regulation 22/246 s. 11 (1) (b) states, "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 is complied with."

In accordance with O. Reg 246/22, s. 11. (1) b, the licensee was required to ensure the "Pain Policy 04-27 last revised September 2021" was complied with.

A complaint was reported to the Ministry of Long-Term Care. The complainant identified an increase in resident's pain that was not addressed by the registered nursing staff. At that time, the Primacare Pain Policy #04-27 last revised September 2021 was in effect and included requirements related to pain assessments.

Executive Director and ADOC verified the PLS-Pain Assessment Tool - V 1 was the clinically appropriate assessment instrument for the assessment of resident pain and the resident's pain was not assessed as described in the pain management policy, putting the resident at risk for unrelieved pain when monitoring and assessment was incomplete.

Sources: clinical record for the resident, Pain Policy 04-27; and family, resident and staff interviews. [563]

WRITTEN NOTIFICATION: Pain Management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (2)

The licensee failed to ensure that when a resident's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Rationale & Summary
A complaint was reported to the Ministry of Long-Term Care. The complainant identified an increase in extreme pain for the resident that was not addressed by the registered nursing staff.

The resident had several physician's orders to address pain. The Executive Director and ADOC verified the PLS-Pain Assessment Tool - V 1 was the clinically appropriate assessment instrument for the assessment of resident pain. ADOC verified resident's pain was unresolved with initial interventions that included pain medications and pain medications were documented as ineffective. ADOC stated the resident did not have a PLS-Pain Assessment Tool - V 1 completed when resident's pain was not relieved by initial interventions.

Resident's pain was not assessed putting the resident at continued risk for unresolved pain.

Sources: clinical record for resident, Pain Policy 04-27; and family, resident and staff interviews. [563]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale & Summary
The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes documented an additional requirement under the standard that stated under section 5.4, "The licensee shall ensure that the policies and procedures for the IPAC program also address, a) Safe administration and handling of medications."

Ontario Regulation 22/246 s. 11 (1) (b) states, "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 is complied with."

A complaint was reported to the Ministry of Long-Term Care by a resident identifying multiple concerns related to the medication administration process.

A Registered Practical Nurse (RPN) verified they administered the morning medications to the resident and confirmed the resident's concerns. Executive Director stated the RPN did not comply with the home's IPAC program.

The Primacare Infection Control: Safe Administration and Handling of Medications Policy Reference #003130.00 documented, "Medications must be stored, prepared, and administered in a manner that minimizes the risk of contamination and infection."

The goal of the IPAC program was to optimize safety and to the prevent of the spread of infections among those inside the home. The medication administration process completed by the nurse put the resident at risk.

Sources: clinical record for resident, observations, review of policies; and staff and resident interviews. [563]

WRITTEN NOTIFICATION: Medication Management System

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

The licensee failed to ensure the written policies and protocols related to medication administration were implemented.

Rationale & Summary:
Ontario Regulation 22/246 s. 11 (1) (b) states, "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 is complied with."

The CareRx Medication Pass Policy 3-6 last revised April 2021, documented a procedure to "administer the medications and observe the resident while swallowing them."

A complaint was reported to the Ministry of Long-Term Care by a resident identifying multiple concerns including medication administration. The resident stated the nurses do not stay and observe the

administration of medications and when the resident asks that they stay, the nurses left the room.

A Registered nursing staff member verified they administered the morning medications to the resident and that they did not stay in the room after handing the resident their medications.

The resident should have been observed by the registered nursing staff to ensure all medications were administered appropriately to optimize effective drug therapy outcomes for the resident.

Sources: clinical record for resident, observations, review of policies; and staff and resident interviews. [563]