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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: June 10, 2024	
Inspection Number: 2024-1704-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Westhills Care Centre Inc.	
Long Term Care Home and City: Westhills Care Centre, St Catharines	
Lead Inspector Olive Nenzeko (C205)	**Inspector Digital Signature**
Additional Inspector(s) Stephany Kulis (000766)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 22-24, 27-29, 2024

The following intake(s) were inspected:

- Intake: #00115676 related to Proactive Compliance Inspection.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Residents' and Family Councils
Medication Management

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
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. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the IPAC Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary
The Infection Prevention and Control Standard (IPAC) for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the

IPAC program which included (e) point-of-care signage indicating that enhanced IPAC control measures were in place.

A resident's plan of care stated that the resident was on contact precautions.

The resident's door did not have a contact precautions sign posted outside their room door.

Staff confirmed that there was no contact precautions signage on their door.

The following day, contact precautions signage was posted on the resident's door.

Sources: Interview with staff; Observation of resident's room; Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022 and Revised September 2023.
[000766]

Date Remedy Implemented: May 24, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 148 (2) 4.
Drug destruction and disposal
s. 148 (2) The drug destruction and disposal policy must also provide for the following:
4. That drugs that are to be destroyed are destroyed in accordance with subsection (3). O. Reg. 246/22, s. 148 (2).

The licensee has failed to ensure that their drug destruction and disposal policy also provided that drugs that were to be destroyed were destroyed in accordance with

subsection (3), specifically that the drugs must be destroyed by a team acting together and composed of, in every other case, one other staff member appointed by the Director of Nursing and Personal Care.

Rationale and Summary
Inspector #C205 reviewed the home's drug destruction and disposal policy, which stated that the drugs must be destroyed by a team acting together and composed of one member of the registered nursing staff for non-controlled substances.

The Corporate Director Clinical Services (CDCS) confirmed that non-controlled substances and any other drugs were destroyed by two registered staff. CDCS acknowledged that their current drug destruction policy only included one registered staff for non-controlled substances destruction.

CDCS updated the policy the same day to include two members of the registered nursing staff will do drug destruction for non-controlled substances.

Sources: Drugs Destruction and Disposal policy (Last reviewed January 2023); Interview with CDCS.
[C205]

Date Remedy Implemented: May 28, 2024

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

Rationale and Summary
The resident's plan of care directed staff to assess footwear and encourage the use of a specific type of footwear. Resident had a fall and a contributing factor was documented that the resident was not wearing the required footwear.

Staff stated that the resident's footwear was not assessed, and the plan of care was not followed.

The resident was put at greater risk for falls when the plan of care was not followed.

Sources: Resident's clinical records; Interviews with staff.
[000766]

WRITTEN NOTIFICATION: Air temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee has failed to ensure that the temperature required to be measured under subsection (2) was documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary
O. Reg. 246/22 s. 24 subsection (2) outlines that the temperature is measured and documented in writing, at a minimum in at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home, which may include a lounge, dining area or corridor and every designated cooling area, if there are any in the home.

The home's temperature logs were reviewed for the month of April 2024. On 30 days within the review period, the temperature documentation was missing either in the morning, between 12 p.m. to 5 p.m. and/or the evening.

The Administrator confirmed that the temperatures were not measured and documented according to the legislative requirements.

By not measuring and documenting temperatures in the home at the required times, there was a risk of not identifying temperatures that may require corrective action.

Sources: April 2024 temperature logs; and interviews with Administrator and DOC. [000766]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the IPAC Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary
The Infection Prevention and Control Standard (IPAC) for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) additional personal protective equipment (PPE) requirements including appropriate selection and application.

A resident had additional precautions signage posted outside their room door identifying the PPE required for care. A staff was observed feeding the resident in their room while not wearing the required PPE.

Staff acknowledged they did not don the proper PPE.

Failing to put on the required PPE posed a risk of spreading infection.

Sources: Observations and interview with staff; Observation of resident's room; Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022 and Revised September 2023.
[000766]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at

least the following persons:
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the continuous quality improvement committee was composed of at least one employee of the licensee who has been hired as a personal support worker or provided personal support services at the home and met the qualification of personal support workers referred to in section 52.

Rationale and Summary
The Continuous Quality Improvement (CQI) meeting minutes for May 2024 showed that their committee members did not include one employee of the licensee who was hired as a personal support worker or provided personal support services at the home and met the qualification of personal support workers.

The Continuous Quality Improvement (CQI) lead confirmed that their CQI committee did not include a personal support worker, but that one will be included by the next CQI meeting.

Sources: CQI meeting minutes; Interview with CQI Lead.
[C205]