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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: January 25, 2024
Inspection Number: 2024-1020-0001
Inspection Type: Complaint Critical Incident
Licensee: Sharon Farms & Enterprises Limited
Long Term Care Home and City: Strathcona Long Term Care, Mount Forest

Lead Inspector	**Inspector Digital Signature**
Megan Brodhagen (000738)	
Additional Inspector(s) Bernadette Susnik (120)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 3-4, 2024 and January 8-10, 2024.

The following intakes were inspected in this Critical Incident (CI) inspection:
• Intake: #00099399 - related to resident injury with unknown cause
• Intake: #00101741 - related to falls prevention and management
• Intake: #00102000 - related to heating in the home

The following intake was inspected in this Complaint inspection:
• Intake: #00101902 - related to heating in the home

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The following intake was completed in this inspection: Intake #00099994 was related to falls prevention and management.

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

Housekeeping, Laundry, and Maintenance Services
Infection Prevention and Control
Safe and Secure Home
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when transferring a resident.

Rationale and Summary
A resident had a fall. Two Personal Support Workers (PSWs) responded and

transferred the resident to a chair without a mechanical lift.

The home's "Safe Lifts and Transfer policy", directed staff to use mechanical lifting equipment or other approved resident transferring aids based on the need of the person served to prevent or minimize manual lifting except in medical emergencies.

Co-Director of Care (co-DOC) said the resident should have been transferred with a mechanical lift as they were not able to assist staff to stand or weight-bear post-fall.

The resident was placed at risk of further injury when they were improperly transferred post-fall.

Sources: The resident's clinical records, the home's investigation notes, Safe Lifts and Transfers Policy, Interviews with staff. [000738]

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. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that when a resident fell, they were assessed and that

a post-fall assessment was conducted using a clinically appropriate assessment instrument.

Rationale and Summary
A resident had a fall. Two Personal Support Workers (PSWs) responded to the resident's fall but did not notify registered staff of the fall. As a result, no post-fall assessments or documentation was completed by registered staff.

Co-DOC stated that staff did not comply with the home's falls prevention and management policy and confirmed that the post-fall assessments were not completed.

When the resident was not assessed post-fall, they were at risk of undetected injury and delay in care.

Sources: The resident's clinical records, the home's investigation notes, Falls Prevention and Management Program Policy, Interviews with staff. [000738]

WRITTEN NOTIFICATION: Emergency plans

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.
Emergency plans
s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:
1. Dealing with emergencies, including, without being limited to,
ix. loss of one or more essential services,

The licensee has failed to ensure that their emergency plans provided for dealing with emergencies, including, a loss of one or more essential services, specifically their heating systems.

Rationale and Summary
The licensee identified that the hot water boilers that supplied heat to the building were non-functional in the morning on a specified day in November 2023 and repaired later in the afternoon that same day. It is not known exactly what time the boilers stopped functioning before they were checked by a maintenance person upon the start of their shift.

That same day, a complaint by a family member was received who identified concerns about an air temperature of 17°C in a resident's room. Based on air temperature records, three resident rooms were recorded to be below the required 22°C from 11 a.m. to 5 p.m. on the same day. The complainant also identified that they had not been notified that the home did not have adequate heat by management staff. The Administrator reported that a staff member had called family members that same day, however the staff member identified that they had not been involved in communicating any information to families. A staff member did not recall if all visitors who visited the home on that day, were informed of the loss of heat.

Management staff from various departments had to meet that day to discuss what alternative actions could be taken, what supplies, equipment and resources were available and what their specific roles and responsibilities were during the emergency. Portable heaters were not available on site and were purchased later in the morning on that day.

Two staff members stated that it would have been more efficient if they had known

what their roles were as soon as the lack of heat was identified. Instead, they felt unprepared and uncertain of next steps if the heat remained non-functional. A staff member identified that they had not experienced a loss of heat emergency before.

The licensee did not have a written emergency plan to deal with their heating systems (both hot water and forced air) should they cease to operate for any reason. Other emergency plans such as Loss of Hydro dealt with the loss of electricity and use of a generator and included a statement that during a major loss of power, heat may also be affected and that the reader should refer to their “Loss of Heat” plan. This plan was not included in the licensee’s overall emergency plans. The licensee’s plan titled Inclement Weather Conditions included a statement that each home will need to consider availability of alternate heat sources according to their environment and what is available, i.e., fireplace when the generator cannot be refueled. The licensee did not include what these alternate heat sources were. A specific heat loss plan and neither of the other two plans were specific in dealing with heat loss from the time it was declared until it was over, including staff roles and responsibilities, details for staff about acquiring and using alternative sources of heat, the range or specific air temperature required to evacuate residents, enhanced air temperature monitoring requirements and other possible actions.

The lack of a specific written emergency plan that deals with a loss of heat may delay the implementation of interventions and subsequently, impact residents.

Sources: Review of the licensee’s full set of emergency plans, portable heat equipment purchase receipts, boiler repair service reports, interviews with staff, and observation of portable heaters. [120]

WRITTEN NOTIFICATION: Website

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)
Website
s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,
(f) the current version of the emergency plans for the home as provided for in section 268;

The licensee has failed to ensure that their website included the current version of their emergency plans for the home as provided for in section 268.

Rationale and Summary
The licensee is required to have at a minimum, thirteen different written emergency plans. These emergency plans were not posted on the licensee's website.

Sources: Review of the licensee's website pages, interviews with staff. [120]