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
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Original Public Report

Report Issue Date: November 26, 2024
Inspection Number: 2024-1550-0004
Inspection Type: Complaint
Licensee: The Regional Municipality of Niagara
Long Term Care Home and City: Gilmore Lodge, Fort Erie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 6-7, 15 and 18, 2024

The following intake(s) were inspected:

- Intake: #00129154 complaint regarding safe and secure home, continence care and bowel management, resident care and support services and housekeeping, laundry and maintenance services.

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

Continence Care
Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when their care needs changed related to toileting.

Rationale and Summary
A resident's written plan of care indicated their care needs related to toileting. Staff reported a change in the resident's care needs. The resident was reassessed and their care plan was updated to indicate the change in care needs.

There was a risk of harm when the resident was not reassessed and their plan of care was not revised when their care needs changed as staff who were less familiar with the resident may have provided care that was unsafe.

Sources: A resident's clinical record; staff interviews.

WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The licensee has failed to ensure that the home was maintained at minimum temperature of 22 degrees Celsius.

Rationale and Summary
Concerns were reported regarding the temperature of the home being too cold.

The home's temperature logs included documentation of air temperatures below 22 degrees Celsius on different shifts in various areas of the home on three occasions. The home was unable to provide documentation of actions taken when the temperatures were below 22 degrees Celsius.

Failure to ensure that the home was maintained at a minimum temperature had the potential to impact residents' comfort.

Sources: Temperature logs; maintenance referrals; observations; resident and staff interviews.

WRITTEN NOTIFICATION: Dress

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 44
Dress
s. 44. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with the resident’s preferences, in their own clean clothing and in appropriate clean footwear.

The licensee has failed to ensure that a resident was dressed in their own clothing.

Rationale and Summary

A resident required assistance with dressing and reported that they were not always dressed in their own clothing. They were dressed in another resident's clothing on one occasion, as confirmed by staff. The resident's clothing was changed as soon as staff were notified of the error.

Sources: A resident's clinical record and staff and resident interviews.

WRITTEN NOTIFICATION: Bedtime and rest routines

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 45
Bedtime and rest routines
s. 45. Every licensee of a long-term care home shall ensure that each resident of the home has the resident’s desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep.

The licensee has failed to ensure that a resident's rest routine was supported to promote comfort, rest and sleep.

Rationale and Summary
A resident's written plan of care indicated their preference for a rest period. The resident reported they wanted to go to bed at the identified time, but their preference was not supported.

On one occasion, the resident requested to go to bed and they were not taken to bed as per their preference. A staff member acknowledged that the resident's preferred rest routine should be supported.

Failure to ensure that the resident's rest routine was supported had the potential to impact their comfort and sleep.

Sources: A resident's clinical record; resident observations; resident and staff interviews.

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident received a skin assessment, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, when they had and area of altered skin integrity.

Rationale and Summary
A progress note indicated that areas of altered skin integrity were reported for a resident. There was no initial assessment of the areas using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, as confirmed by staff.

Sources: A resident's clinical record; skin and wound policy; resident observations and staff interviews.