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

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: March 28, 2024
Inspection Number: 2024-1535-0001
Inspection Type: Proactive Compliance Inspection
Licensee: The Board of Management for the District of Nipissing East
Long Term Care Home and City: Cassellholme, North Bay

Lead Inspector	**Inspector Digital Signature**
Samantha Fabiilli (000701)	Samantha Fabiilli Digitally signed by Samantha Fabiilli Date: 2024.04.10 14:09:54 -04'00'

Additional Inspector(s)
Amy Geauvreau (642)
Goldie Acai (741521)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26, 27, 28, 29, 2024 and March 1, 2024
The inspection occurred offsite on the following date(s): February 28, 2024

The following intake(s) were inspected:

- Intake: #00108714 - Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services

Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
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. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were locked when not being supervised by staff.

Rationale and Summary:
During observations on a specified day, multiple doors were noted to be unlocked. Staff members proceeded to lock the doors as required.

Observations two days later identified that the doors were locked.

The Administrator indicated that doors within the home that lead to non-resident areas should be locked. They confirmed that cleaned linen rooms and soiled utility rooms should be locked.

Having doors to non-resident areas unlocked posed a low risk to residents as no residents were noted to be near the unlocked doors at the time of observation, as well once aware staff took immediate corrective action.

Sources: Inspector observations; Interviews with staff and Administrator.
[000701]

Date Remedy Implemented: February 28, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (d)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(d) an explanation of the duty under section 28 to make mandatory reports;

The licensee has failed to ensure that an explanation of the duty under section 28 to make mandatory reports was posted in the home.

Rationale and Summary:
An observation on a specified day identified that information related to the Duty to Report was not identified among the other mandatory postings in the home.

Four days later, inspector confirmed that the Duty to Report signage was since posted in the home.

Not having the mandatory duty to report posting within the home posed a low risk to the residents.

Sources: Inspector observations; Interview with the DOC.
[000701]

Date Remedy Implemented: March 1, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 79 (1) 1.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.

The licensee has failed to ensure that there was communication of the daily menus to residents.

Rationale and Summary:

An observation on a specified day identified that the menu was posted outside of a dining room for communication to residents. However, the menu reflected the wrong week in the menu cycle. Staff member immediately changed the posted menu to the correct week, to accurately reflect what was being served.

Having the incorrect menu cycle posted for communication to residents posed a low risk as show plates are showed prior to each meal and the menu posting was immediately updated upon staff being aware.

Sources: Inspector observations; Interview with staff.
[000701]

Date Remedy Implemented: February 27, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (2)
Plan of care
s. 6 (2) The licensee shall 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.

The licensee failed to ensure the care set out in the plan of care was based on an assessment of the resident and on the needs and preferences of that resident.

Rationale and Summary
A resident's care plan identified an intervention to be implemented. The resident confirmed they let staff know numerous times they did not want this intervention to

be implemented.

Failure to ensure that the plan of care was based on an assessment, needs and preferences of the resident increased the risk that the residents preferred care was not given.

Sources: Interview with staff and a resident; observation of a resident; and record review of a resident's care plan.
[741521]

WRITTEN NOTIFICATION: Plan of care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

Rationale and Summary:
Interventions were not implemented in relation to two resident's plan of care.

A staff member indicated that these interventions should be implemented in a specific section of the residents plan of care, so that the interventions can be monitored. A staff member confirmed the addition of these interventions into the specified section.

Not having these interventions being monitored posed a low risk for the residents involved, as there was no system in place to monitor the implementation of these interventions.

Sources: Inspector observations; Resident's plan of care; Interviews with staff. [000701]

WRITTEN NOTIFICATION: Plan of Care

NC #006 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 failed to ensure that a resident was reassessed, and the plan of care reviewed and revised as the resident's care needs changed or care set out in the plan was no longer necessary.

Rationale and Summary
A resident's care plan stated specific interventions to be implemented. The resident indicated that this intervention was not being implemented, yet the resident's interventions in relation to this care area had not been reassessed.

A staff member indicated that if the residents interventions were no longer being

implemented, the resident should have been reassessed.

Failure to reassess the resident and ensure the plan of care was revised when the resident's care needs changed, or care set out in the plan was no longer necessary increased the risk of harm to the resident.

Sources: Observation of resident; interview with staff; and record review of the resident care plan.
[741521

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 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 any standard or protocol issued by the Director with respect to Infection prevention and control (IPAC) was implemented; specifically, the licensee has failed to ensure that residents were provided hand hygiene before meals.

Rationale and Summary:
According to 10.2 of the IPAC Standard for Long Term Care (LTC) Homes, revised September 2023, the licensee was required to ensure that their hand hygiene

program provided hand care support for residents, specifically in assisting residents to perform hand hygiene before meals.

During an observation of a meal service, no resident hand hygiene was identified. At no point during the observation were residents observed being provided with hand hygiene upon entering the dining room or before eating.

The Administrator confirmed that it is their expectation that residents be provided with hand hygiene before meal service.

Not providing hand hygiene to residents before meals posed a low risk to residents.

Sources: Inspector observations; Interview with the Administrator.
[000701]

WRITTEN NOTIFICATION: Evaluation

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 106 (b)
Evaluation
s. 106. Every licensee of a long-term care home shall ensure,
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;

The licensee failed to ensure that at least once in every calendar year, an evaluation was made to determine the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences

Rationale and Summary
The home was unable to produce evidence that the policy for abuse and neglect was evaluated for effectiveness.

Failure to evaluate the effectiveness of the licensee's policy under section 25 of the Act to promote zero tolerance of abuse and neglect of residents, allows for gaps in determining areas of improvement and required change for the care of residents in addition to the operations of the long-term care home.

Sources: Review of the home's abuse and neglect policy; interview with the DOC. [741521]