

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 27, 2024	
Inspection Number: 2024-1240-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Genesis Gardens Inc.	
Long Term Care Home and City: Foyer St-Viateur Nursing Home, Limoges	
Lead Inspector Julienne NgoNloga (502)	Inspector Digital Signature
Additional Inspector(s) Kelly Boisclair-Buffam (000724)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24, 25, 26, 29, 30, 2024, May 1 and 2, 2024.

The following intake(s) were inspected:

- Intake: #00114542 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

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

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Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Quality Improvement
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: 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.

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.
FLTCA s. 6 (7)

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During a meal service in April 2024, the Inspector observed a staff member assisting a resident with their meal without a specified eating aid until this was brought to the staff member's attention.

Sources:

Inspector's observation. A staff member used the specified eating aid.

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Date Remedy Implemented: April 24, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

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.

Mandatory posting for Whistle Blowing Protection was not posted in the home.

Director of Care (DOC) made a copy of the home's Whistle Blowing Protection policy and posted the document.

Sources: PCI checklist, policy binder, interview with DOC, IM consultation

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Date Remedy Implemented: April 26, 2024

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WRITTEN NOTIFICATION: Plan of Care

NC # 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 that the care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary

On two occasions in April 2024, during a meal service, a staff member was observed feeding a resident with identified fluid consistency.

Review of the resident plan of care showed that the resident required a specified fluids consistency.

This was brought to Food Service Managers (FSM)'s attention. Both FSMs indicated that staff should have provided the specified resident's fluids consistency as per care plan.

As such, the resident was at risk of identified incident when the specified fluid consistency was not provided.

Sources: Inspector observation, review of the resident's care plan. Interview with the FSMs.

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WRITTEN NOTIFICATION: Accommodation Services: resident to staff communication response system

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

Rationale and Summary

During a day in April 2024, the resident-staff communication and response system for a resident was intermittently ringing, and the system light outside the resident's room was going on and off. The Inspector upon hearing a resident exhibiting a specified sign, they entered the room.

Observations revealed that the resident-staff communication and response system was not in good state of repair.

A resident reported that the resident-staff communication and response system was malfunctioning but was unsure of the duration.

DOC and ADOC acknowledged being aware of the resident-staff communication and response system's malfunction for weeks but was unaware it was still out of service. The ADOC further stated that no alternative communication system was put in place.

As such, failing to provide the resident access to a resident-staff communication system in a good state of repair, had increased their safety risk during a recent

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specified incident event.

Sources: Resident's call bell system , interviews with DOC and ADOC, a resident statement.

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WRITTEN NOTIFICATION: Resident Care and Services - Bathing

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that each resident of the home was bathed by the method of their choice unless contraindicated by a medical condition.

Rationale and Summary

Review of a resident's care plan indicated that the resident required a transfer device with assistance of two staff members for all transfers and two baths per week, but it did not identify a preference for a specified method.

Review of the procedure titled Bathing checklist dated October 2023, indicated that for residents requiring a specified transfer device or who cannot safely sit in a specified bathing equipment, they must be placed in a sling and transferred using the specified transfer device. The resident is then lowered into the tub and rested on the bath chair for their safety.

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A staff member indicated that a transfer device was available, but they had not attempted to use it to bath the resident. As such, the residents requiring a specified transfer device, did not receive their preferred bathing method.

Interview with other two staff members, and the DOC indicated that residents who required total assistance with specified transfer device received an identified bathing method.

Sources: Review of a resident's plan of care, Bathing checklist, Interview with staff members and DOC

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WRITTEN NOTIFICATION: Food Production

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)

Food production

s. 78 (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

The licensee has failed to ensure that the food production system must, at a minimum, provide for, (c) standardized recipes for all menus, was complied with.

In accordance with O. Reg. 66/23, s. 8. s. 34. (1) (1) the licensee must ensure that methods to reduce risk provided in the written description of the Nutrition program is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act.

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Specifically, the licensee has failed to ensure that fluids consistency were prepared according to the standardized recipe.

Rationale and Summary

Two days in April 2024, staff were observed not following the standardized of thick EasyMix Gel during a service and during recreational activity respectively, resulting to inadequate fluid consistency.

Review of the Simply thick EasyMix Gel usage chart showed that six grams of simply thick EasyMix Gel is required for mildly thick (honey) fluid consistency.

Three staff members acknowledged that modified fluid consistency was not prepared following the instruction on the usage chart.

Failure to follow the instructions for preparing modified fluid consistency put residents at risk of specified incident.

Sources: Inspector's observation. Review of the Simply thick EasyMix Gel usage chart. Interviews with staff members.

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WRITTEN NOTIFICATION: Infection Prevention and Control

NC #008 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).

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The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed by staff related to the hand hygiene program. Specifically standard 9.1

Rationale and Summary

Two days in April 2024, the Inspector observed a staff member administered medications to residents, but no hand hygiene had been performed prior to, during, and after medication administrations.

Following an interview with the staff member, they had confirmed that hand hygiene was to be performed in between resident medication administrations. Both the Infection Prevention and Control Lead and Director of Care confirmed that the expectation was for nurses to perform proper hand hygiene before, during and after medication administrations.

The lack of hand hygiene during resident medication administrations increased the risk of disease transmission among residents and staff.

Sources: Medication administration observation, interviews with staff members, MLTCIB Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, revised September 2023.

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WRITTEN NOTIFICATION: Infection Prevention and Control

NC #009 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

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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 the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

Specifically, under the Infection Prevention and Control (IPAC) Standard: 9.1 (f) where the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At minimum, additional precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal, and disposal.

Rationale and Summary:

A Day in April 2024, a staff member did not wear as per minimum additional PPE required for infection prevention and control standards while assisting two residents with their meals.

A resident was in droplet precaution related to identified symptoms. The signage posted at the resident's door showed droplet contact precautions and directed staff to wear eye protection, gloves, gown, and face mask during direct care.

A staff member acknowledged that they should have worn eye protection. IPAC Lead indicated that staff were expected to follow direction outlined on the droplet contact precaution signage at the resident's door.

The failure of staff to wear eye protection during direct care placed other residents at a moderate risk for cross-contamination of infection.



Inspection Report Under the
Fixing Long-Term Care Act, 2021

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Sources: Inspector's observations, review of resident's health record, and interviews with staff members.

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