

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 28, 2023	
Inspection Number: 2023-1346-0002	
Inspection Type: Critical Incident System	
Licensee: Waterdown Long Term Care Centre Inc.	
Long Term Care Home and City: Alexander Place, Waterdown	
Lead Inspector Yuliya Fedotova (632)	Inspector Digital Signature
Additional Inspector(s) Kerry O'Connor (000769) Meghan Redfearn (000765)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): May 15-17, 19, 23-26, 29-31 and June 1, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00019537 [IL-09741-AH / 2861-000005-23] Improper transfer. Intake: #00085446 [2861-000012-23] Related to falls or falls prevention and management. <p>The following intakes were completed in this inspection:</p> <ul style="list-style-type: none"> Intake: #00008133 [2861-000040-22] and Intake: #00018912 [2861-000003-23] were related to falls; and Intake: #00012268 [2861-000046-22] was related to improper/Incompetent treatment.

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Pain Management

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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)
FLTCA, 2021, s. 6 (10) (b)

The licensee failed to ensure that a resident's plan of care was reviewed and revised to identify a change in their care needs.

Rationale and Summary:

A review of a resident's plan of care on a day in May 2023 indicated they were transferred using an assistive device.

Two Personal Support Workers (PSWs) acknowledged that they used a specified number of staff assisting to transfer the resident and they stopped using the assistive device a number of months prior to interview.

A Physician's order written on a day in April 2023 stated the resident's transfer status without an assistive device. A physiotherapy assessment from a day in May 2023, indicated the resident was able to use a specified number of staff assist with another assistive device for transfers.

On a day in May 2023, the resident's plan of care was updated to reflect interventions related to the resident's transfers.

Sources: The resident's written care plan; Physician order, physiotherapy assessments; Interview with staff.

Date Remedy Implemented: May 24, 2023

[000765]

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

FLTCA, 2021, s. 6 (10) (b)

The licensee failed to ensure that a resident's plan of care was reviewed and revised to identify a change in their care needs.

Rationale and Summary:

On a day in May 2023, a fall prevention measure in a resident's room was observed being in a specific state and located in a specified place. Upon review of the resident's plan of care, there was no documentation about the fall prevention measure.

The PSWs confirmed a frequency and the Registered Practical Nurse (RPN) confirmed a time of the day the resident used their fall prevention measure. The Nurse Manager acknowledged the resident needed the falls prevention measure because they were at identified risk of falls based on their falls risk assessment.

On a day in May 2023, the resident's plan of care was updated to reflect the fall prevention intervention.

Sources: Observation of the resident's room; the resident's written care plan, falls risk assessment; interview with staff.

Date Remedy Implemented: May 25, 2023

[000765]

WRITTEN NOTIFICATION: FLTCA s. 6 (1) (c) Plan of Care- Unclear directions

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that the written plan of care provided clear directions to staff providing direct care to a resident with respect to transfer.

Rationale and Summary

On a day in January 2023, the care plan advised staff about specific interventions for a resident related to transfers and toileting.

The Physiotherapist had changed transfer status for the resident on a day in January 2023. On a day in January 2023, the resident was specifically transferred during an identified shift, where they demonstrated specified ability during the transfer.

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The PSW, the RPN and the DOC reported that when reviewing the plan of care the directions for toileting instructions were unclear.

Sources: Current care plan (dated on a day on January 2023), progress note by the PT and Post-fall assessment (dated on a day in January 2023); interviews with staff.

[000769]

WRITTEN NOTIFICATION: FLTCA s. 6 (2) Plan of Care was not based on assessment (Slings)

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (2)

The licensee failed to ensure that the care set out in a resident's plan of care was based on an assessment and the needs of that resident related to a specified accessory used for mechanical lifts.

Rationale and Summary

On a day in January 2023, a resident's plan of care did not contain assessment of the specified accessory required for various lifts used by the resident for transfer. The Restorative Care Manager (RCM) advised that themselves or the PT assessed the specified accessory parameters and put them in the care plan. The RCM was not able to provide an assessment where the accessory parameters were documented. The PSW advised that they made their own assessment or use the accessory in the room. The inspector observed a number of specified accessory located in the resident's room used for transfer, specifically labelled.

Sources: Observation of Logos in the resident's room, care plans (dated on days in January and March 2023), progress notes by the Physiotherapist, operators manuals for mechanical lifts; interview with the Physiotherapist.

[000769]

WRITTEN NOTIFICATION: O. Act, 2021, 2. 82 (7) 6: Failure to ensure staff receive complete training in the Falls Prevention and Maintenance Program (Including Resident Transfers, Lifts and positioning guidelines policy).

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

Non-compliance with: FLTCA, 2021, s. 82 (7) 6.

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The licensee has failed to ensure that all staff who provided direct care to residents received, as a condition to have contact with resident, training in the areas set out in the following paragraphs, at times or at intervals provided for in the regulations: 6. Any other areas provided for in the regulations.

Based on O. Reg. 246/22, s. 261 (1) for the purpose of paragraph 6 of subsection 82 (7) of the Act, the following were other areas in which training should be provided to all staff who provided direct care to residents: 1. Falls prevention and management.

Rationale and Summary

The Co-Director of Care advised that the Head Office assigned all new hires and regular staff to annually review two videos: Falls Prevention part Four - Interventions for minimizing risk for falls and fall related injuries and How to Manage Risk and Prevent Injuries in Long-Term Care. The Co-Director of Care advised that other videos were viewed, when additional training or education was needed and were not mandatory by the Head Office.

The PSW did not receive full orientation for a specified period of time in 2022, on the Falls Prevention and Maintenance Program and Resident Transfers, Lifts and Positioning Guidelines policy prior to providing direct resident care. The PSW did review the Falls Prevention and Maintenance policy on a day in 2022, and received training on Resident Transfers, Lifts and Positioning Guidelines policy on a day in 2023, but did not review the mandatory videos.

The Falls Prevention and Maintenance Program policy advised that all residents would receive assistance with transfers as outlined in their plan of care and residents, who had fallen, would be assisted from the floor with a mechanical lift if the resident is unable to come to a standing position independently post-fall.

A number of agency staff onboarded in the 2022 period after a day in 2022 did not receive training on the transfers policy and a number of them were not trained on the Falls Prevention and Maintenance Program and two received training on the Falls Prevention and Maintenance Program policy only.

The agency education record was reviewed with the DOC, who confirmed the agency PSW staff training was incomplete. The Administrator confirmed that the Resident Transfers, Lift and Positioning Guidelines policy was not included in this training and not provided to agency staff.

Sources: Education, sign off records and the Surge Status Report for the PSW, the Falls Prevention and Maintenance Program Policy (revised on a day in 2023), the Resident Transfers, Lifts and Positioning Guidelines policy (revised on a day in January 2023), Agency education record for hires post-rapid on boarding after a day in 2022, mandatory training videos - Falls prevention part Four - Interventions in minimizing risk for falls and fall related injuries and how to manage risk and prevent injuries in long-term care; interviews with the staff.

[000769]

WRITTEN NOTIFICATION: General Requirements- Interventions Not Documented

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

The licensee has failed to ensure that pain assessments were documented on every shift for an identified period of time in 2023 for a resident, when it was listed as an intervention.

Rationale and Summary:

On a day in April 2023, a resident sustained a specified fall, which resulted in an injury. An specific intervention was added in Point-Click-Care on a day in April 2023 for pain assessments.

The resident's plan of care was reviewed and it was identified that pain assessments were not documented on a number of days in April 2023.

The resident's plan of care indicated on a day in April 2023, that verbal and non-verbal signs and symptoms of pain be monitored and documented.

The DOC acknowledged that if an intervention stated to complete pain assessments on an identified frequency, it would be the expectation that staff would complete it.

Sources: CIS Report, the resident's written care plan, progress notes, administration record, weights and vitals, eMAR, and JHS pain assessments, interventions on PCC; interviews with staff.

[000769]

**COMPLIANCE ORDER CO #001 O. Reg 246/22 s. 40 Unsafe transferring
Techniques when using a mechanical lift.**

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 40

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee shall:

- Ensure that all staff are using safe transferring techniques, when transferring a resident according to the most recent assessment in the resident's plan of care.
- Complete daily audits of the resident's transfers for ten days or until compliance is achieved.
- Document all audits of the resident's transfers, including the name and position of the individual completing the audit and the date and time of the corrective actions taken (if applicable).

Grounds

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The licensee has failed to ensure that agency PSW used safe transferring techniques, when assisting the resident.

Rationale and Summary

On a day in January 2023, the PT had changed transfer status of a resident to a utilize a specified assistive device.

On a day in January 2023, the resident was transferred by an agency staff using a specified assistive device by a specified number of staff. An identified number of staff were not used to transfer the resident as per an interview with the PSW and the Critical Incident submitted by staff.

The impact to the resident was high and they sustained an injury, which resulted in a specified action.

Sources: Transfers, Lifts and Positioning Guidelines policy (revised on a day in January 2023), the PT's progress note, Post-fall assessment (dated on a day in January 2023); interviews with staff.

[000769]

This order must be complied with by July 11, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.