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
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Original Public Report

Report Issue Date: December 7, 2023	
Inspection Number: 2023-1530-0005	
Inspection Type: Proactive Compliance Inspection	
Licensee: Board of Management for the District of Parry Sound West	
Long Term Care Home and City: Belvedere Heights, Parry Sound	
Lead Inspector Tracy Muchmaker (690)	**Inspector Digital Signature** Tracy L Muchmaker Digitally signed by Tracy L Muchmaker Date: 2023.12.12 10:45:27 -05'00'
Additional Inspector(s) Shannon Russell (692)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 27-30, 2023, and December 1, 2023

The following intake(s) were inspected:

- One intake, which was for a Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
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: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out:
(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the written plan of care provided clear direction to staff for a resident, when they required assistance with an activity of daily living (ADL).

Rationale and Summary
A resident's plan of care identified that they required a specified level of assistance

and device to be used related to performing an ADL. One section of the care plan directed staff to utilize a specified type of device when assisting the resident with the ADL, however; another section of the plan of care directed staff to utilize a different type of device.

The DOC indicated that the resident's plan of care should only have their current care needs, and clarified which device was to be used by staff. The DOC updated the resident's plan of care at that time to reflect the current care needs. The DOC further stated that the plan of care had not provided staff with clear direction as to which device was to be utilized.

There was low impact and risk to the resident, as staff were aware of the correct device to utilize for the resident, and the resident had chosen not to perform the ADL in several months.

Sources: A resident's health care records; and interviews with PSW staff, an RPN, and the DOC. [692]

Date Remedy Implemented: November 30, 2023

NC #002 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 kept closed and locked when they were not being supervised by staff.

Summary and Rationale
During the initial tour of the home, a door to a supply room on a resident unit was found to be closed but not latched, and could be opened by pushing on the door. Inside the room, the inspector observed a bottle of air fresher, carpet cleaner, and fabric freshener.

The Administrator confirmed that the door to the supply room should be locked when unsupervised and had since been repaired. Inspector #690 observed that the door to the supply room on the unit was latching properly prior to the completion of the inspection.

The door to the supply room being unlocked with chemicals present in the room posed a low risk to residents.

Sources: Observations of the supply room on a resident unit; interviews with a PSW, and the Administrator. [690]

Date Remedy Implemented: November 30, 2023