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: April 8, 2024**

**Inspection Number:** 2024-1188-0001

**Inspection Type:**
Complaint
Critical Incident

**Licensee:** St. Joseph's Care Group

**Long Term Care Home and City:** Bethammi Nursing Home, Thunder Bay

| **Lead Inspector** | **Inspector Digital Signature** |
|---|---|
| Eva Namysl (000696) | Eva Namysl Digitally signed by Eva Namysl Date: 2024.04.10 13:45:19 -04'00' |

**Additional Inspector(s)**
Jennifer Lauricella (542)

## INSPECTION SUMMARY

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

The following intake(s) were inspected:

- An intake related to a fall of a resident resulting in injury.
- An intake related to alleged Improper/incompetent care of resident by staff.
- An intake related to alleged neglect of a resident by staff.
- An intake related to a missing resident.
- An intake related to a medication incident of a resident by staff.
- A complaint related to concerns re: medication incident of resident.

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

Resident Care and Support Services
Continence Care
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
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. 102 (7) 11.**
Infection prevention and control program
s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:
11. Ensuring that there is in place a hand hygiene program in accordance with any

standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) lead carried out their responsibilities related to the hand hygiene program.

**Rationale and Summary**
In accordance with IPAC Standard for Long-Term Care Homes (LTCH), April 2022, and the Additional Requirement 10.1, the IPAC lead was to ensure that the hand hygiene program included 70-90% alcohol-based hand rub.

Inspectors made observations of staff using the "Purell Hand Sanitizing Wipes" to assist several residents with hand hygiene prior to meal services. The IPAC lead acknowledged that the hand sanitizing wipes used by staff for resident hand hygiene contained 62% alcohol and did not meet the requirements of the hand hygiene program.

Before the conclusion of the inspection, all the wipes were removed by the IPAC lead and replaced by hand sanitizer with adequate alcohol content.

**Sources**: Observations and interviews with the IPAC lead and various staff members. [000696]

Date Remedy Implemented: February 28, 2024

## WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 28 (1) 1.**
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that a person who had reasonable grounds to suspect that any of the following had occurred or may occur shall immediately report the suspicion and the information upon which it was based to the Director: 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

**Rationale and Summary**
A Critical Incident (CI) report was submitted to the Director, for an incident of improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

An interview with the Director of Care (DOC) confirmed that the home failed to report the incident immediately to the Director.

There was minimal risk to the resident when the home did not immediately report the allegations of improper/incompetent treatment or care of the resident to the Director.

**Sources**: A resident's clinical health record; and interviews with the DOC and the home's investigation file. [542]

## WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 40**
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring and positioning devices or techniques when assisting residents.

**Rationale and Summary**
A CI report was submitted to the Director outlining that a staff member transferred a resident by themselves when two staff members were required to complete the transfer.

The resident's care plan was reviewed and indicated that staff were to use two staff for transferring the resident. An interview with the DOC confirmed that the resident was to be transferred with the use of two staff.

The failure of staff not using safe transferring techniques placed the resident at risk for injury.

**Sources**: CI report; the home's investigation file; the resident's health care record and interview with the DOC. [542]

## WRITTEN NOTIFICATION: Continence care and bowel management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)**
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence;

The licensee has failed to ensure a resident received an updated assessment conducted using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

**Rational and Summary**
A resident had a continence assessment completed years prior, which did not reflect their current continence status. The home's Continence Management Program policy stated, a continence assessment was to be completed with any change in continence level.

Interviews with a Registered Practical Nurse (RPN) and a Registered Nurse (RN) support that an assessment of continence should be completed during admission and during a status change of a resident. DOC confirmed assessments should have been completed by registered staff.

There was minimal risk to the resident for not having an updated continence assessment completed.

**Sources:** A resident's clinical assessments and care plan; Home's Continence Management Program policy, updated July 2023; Interviews with the RPN, RN, and DOC. [000696]

## WRITTEN NOTIFICATION: Continence care and bowel management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)**
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The licensee has failed to ensure a resident who was unable to toilet independently, received assistance from staff to manage continence.

**Rationale and Summary**
A resident did not receive assistance with continence care for a specific period of time.

A Personal Support Worker (PSW) confirmed in an interview that they did not provide the required assistance to the resident. The DOC reported the resident should have been attended to as identified in the resident's plan of care.

This caused a minimal harm to the resident as they did not sustain an injury as a result of not receiving continence care for an extended period of time.

**Sources:** A resident's plan of care and progress notes; Home's internal investigation file; Interview's with a PSW and DOC. [000696]

## COMPLIANCE ORDER CO #001 Administration of drugs

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
**Non-compliance with: O. Reg. 246/22, s. 140 (1)**
Administration of drugs
s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

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

a) Develop and implement an auditing process to ensure that medications are being administered to residents as prescribed. This audit is to be conducted twice a week for a minimum of 4 weeks;
b) A documented record is to be kept with the names of who completed the audits, date of the audits, outcome and what the home did to rectify any concerns identified through the auditing process.

**Grounds**
The licensee has failed to ensure that no drug was used by or administered to a resident in the home unless the drug had been prescribed for the resident.

**Rationale and Summary**
A resident received medications that were not prescribed for them and subsequently experienced a change in their health status.

Through the home's investigation it was determined that the resident had received another resident's medication in error. In an interview with the DOC, they indicated that an RPN had administered the wrong medication to the resident.

The home's failure to ensure that the resident received the right medications jeopardized the health and safety of the resident.

**Sources**: Complaint and CI report; Home's investigation documents; Residents' health care record; and interviews with the DOC and family. [542]

**This order must be complied with by** May 21, 2024

## 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

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

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.