Ontario

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

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

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Original Public Report

Report Issue Date: November 14, 2022

Inspection Number: 2022-1149-0001

Inspection Type:
Complaint
Follow up

Licensee: Blackadar Continuing Care Centre Inc.

Long Term Care Home and City: Blackadar Continuing Care Centre, Dundas

Lead Inspector	**Inspector Digital Signature**
Betty Jean Hendricken (740884)	Elizabeth J Hendricken Digitally signed by Elizabeth J Hendricken Date: 2022.11.16 11:14:41 -05'00'

Additional Inspector(s)
Yuliya Fedotova (632)
Lesley Edwards (506)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 18, 19, 21 and 24 to 28, 2022

The following intake(s) were inspected:

- Intake: #00003903- [IL: IL-00076-HA] Complaint: concerns re: Nursing and personal support services, Qualifications of personal support workers and prevention of abuse and neglect of residents
- Intake: #00005814- [IL: IL-96208-HA] Complaint: concerns re: Wound care issues and other care issues.
- Intake: #00005954-Follow-up to CO#001 from inspection #2021_905683_0018 / 004858-21, 006354-21, 007032-21, 009565-21, 013504-21, 013527-21 regarding s. 6. (7)
- Intake: #00006467-High Priority - Follow-up to CO#001 from inspection #2021_905683_0017 / 008928-21, 008929-21, 008930-21, 012013-21 regarding r. 50. (2)

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg 79/10	r. 50 (2)	2021_905683_0017	#001	#748 #683
LTCHA S. O. 2007	c.8, s. 6. (7)	2021_905683_0018	#001	#748 #683

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

Medication Management
Skin and Wound Prevention and Management
Staffing, Training and Care Standards
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Falls Prevention and Management
Infection Prevention and Control

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. 184 (3)

The licensee has failed to ensure that every operational or policy directive that applies to the long-term care home was carried out.

The COVID-19 guidance document for long-term care homes in Ontario, stated that homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks. The home's policy requires COVID-19 screening to be completed twice daily, including temperature checks.

The home completed this electronically by adding a COVID-19 screening order into each resident's physician orders. The order required for supplementary documentation to be added that would prompt staff to record the residents' temperatures. The registered staff would then be prompted to complete this order twice daily through the electronic administration record.

In an interview with a registered staff member, they revealed that the screening of two residents was not completed. Also, one resident did not have the supplementary documentation of temperature added to their COVID-19 symptom monitoring order and one resident did not have the COVID-19 screening order in their Physician's Orders. Interview with a staff member confirmed that COVID-19 screening was not completed as ordered for two residents.

A review of resident's physician orders and an interview with the DOC, confirmed that every resident has an order for daily COVID-19 Screening with the addition of supplementary documentation prompting registered staff to record the residents' temperatures.

There was a low risk that the residents who were not monitored would develop signs and symptoms of COVID-19 and would go unidentified, leading to a potential COVID-19 outbreak.

Sources: Resident clinical records; The COVID-19 guidance document for long-term care homes in Ontario, last changed on October 14, 2022; and interviews with staff.

[740884]

Date Remedy Implemented: October 28, 2022
NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 77 (4)

The licensee failed to ensure that the planned menu items were offered and available at each meal and snack.
During an observation, it was noted that no dessert was offered to two residents and one resident left the dining room without being offered a dessert. After interview with the Inspector, a Personal Support Worker (PSW) was observed offering a dessert to one resident, who ate the dessert and to one resident

who did not want it.

The registered staff instructed to offer all food prepared by the Dietary Department to the residents.

The residents were at low risk of malnutrition when desserts were not offered to them by the home's staff.

Sources: residents' care plans; observations; interviews with PSW and RN.

Non-compliance was remedied on October 18, 2022.

[632]

Date Remedy Implemented: October 18, 2022

WRITTEN NOTIFICATION: Skin and Wound Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee failed to ensure that a resident who exhibited altered skin integrity, was reassessed at least weekly by a member of the registered nursing staff, when clinically indicated.

Rationale and Summary
A resident had a wound that required assessments. The resident's Physician's Orders indicated that the resident's wounds were to be assessed every Monday until a said date in July 2022, when the order was changed to weekly on Thursdays. Over a four-month period in 2022, the resident did not have 9 out of 15 weekly wound assessments completed.

The Director of Care (DOC) verified that weekly Skin - Wound Assessments were not completed as ordered for the resident's altered skin integrity in a four-month period in 2022.

Because staff did not complete weekly skin assessments, the resident was put at risk for further alteration/deterioration in skin integrity.

Sources resident's Skin-Wound Assessments and Physician's Orders, DOC Interview

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, s. 23 (4)

The licensee failed to ensure that there was an infection prevention and control lead whose primary responsibility was the home's infection prevention and control program.

Rationale and Summary
The Director of Care (DOC) confirmed that they assumed the role of IPAC lead. The DOC acknowledged that IPAC was not their primary focus. The Administrator further confirmed that the home did not have an IPAC Lead whose primary responsibility was the infection prevention and control program.
The residents were placed at low risk for the transmission of infection when the staff designated as IPAC lead did not perform that function.

Sources: Interviews with DOC, Administrator and other staff, IPAC Job Posting.

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WRITTEN NOTIFICATION: Training

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 79/10, s. 218 (2) (a)

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which repealed and replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA.

As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under LTCHA s. 76 (2) 1, 3, 4, 7, 8 and 9.

The licensee has failed to ensure that all staff in the home received orientation and training within one week of when the person begins performing their responsibilities, with respect to the matters set out in paragraphs 1, 3, 4, 7, 8 and 9 of subsection 76 (2) of the Act.

-Resident's bill of rights;
-Zero tolerance of abuse and neglect of residents;
-The duty under section 24 to make mandatory report;
-Fire prevention and safety;
-Emergency and evacuation procedures; and
-Infection prevention and control.

Rationale and Summary
A complaint was submitted to the Director regarding staff not receiving training and orientation prior to performing their responsibilities.
During the COVID-19 pandemic, urgent amendments were made to the Regulation under the Long-Term Care Homes Act (LTCHA) to help protect the residents, streamline Long Term Care (LTC) home operations, and support staffing capacity, specifically related to timing of training requirements and orientation for new staff. Training was to be provided within one week of the staff member performing their responsibilities on the identified policies.

A review of an employee file confirmed that they started working at the home and they did not receive orientation and training on the home's policies as required. Administrator confirmed that the staff member did not receive training and orientation on the identified policies within one week prior to performing their duties in the home.

Not providing necessary training on the home's policies placed residents at potential risk.

Sources: review of employee file, interviews with ward clerk and Administrator.
[506]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iii)

The licensee has failed to ensure that a resident exhibiting altered skin integrity was assessed by a registered dietitian who was a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration were implemented.

The licensee's policy - "Skin and Wound Care Management" directed registered staff to complete a

referral to the Registered Dietitian (RD) when identifying residents exhibiting altered skin integrity.

The resident's progress note identified that they had a new pressure area. A review of the resident's clinical record did not include an RD assessment, or a nutritional referral related to the new area of alteration in skin integrity, and this was confirmed by the Quality Lead.

The resident was at risk for inadequate nutrition related to their new skin integrity issues, when the RD did not reassess the resident care needs.

Sources: resident electronic record, the home's policy "Skin and Wound Care Management, (RC-23-01-02; last reviewed January 2022) and interview with staff.

[506]

WRITTEN NOTIFICATION: Dining and snack services

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 10.

The licensee failed to ensure that appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat, were available.

During lunch time, it was observed that a PSW provided assistance with feeding a resident, while standing beside the resident. The PSW indicated that the staff were to sit at the same level as the resident, which was confirmed by an RN.

The resident was at moderate risk of negative outcome as the same level eye contact and positioning of the spoon were not maintained between the staff and the resident.

Sources: resident care plan, Meal Service and Dining Experience Policy; Observations; interviews with the PSW and the RN.

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