

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: March 22 nd 2023	
Inspection Number: 2023-1184-0002	
Inspection Type: Complaint	
Licensee: Carveth Nursing Home Limited	
Long Term Care Home and City: Carveth Care Centre, Gananoque	
Lead Inspector Erica McFadyen (740804)	Inspector Digital Signature
Additional Inspector(s) Anna Earle (740789)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s), March 14th-16th, and 20th 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Complaint Intake: #00015566- related to staffing, bathing and snack service • Complaint Intake: #00019140-related to concerns with unknown cause of fracture, pain and hydration.

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

- Contenance Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Pain Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Pain Management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

The licensee has failed to ensure that their written policy for pain management was complied with.

In accordance with O. Reg 246/22 s. 11(1)(b) the licensee is required to ensure their written policy related to pain management is complied with. Specifically, staff did not comply with the Licensee's "Pain Assessment/ Management Policy" while providing care to resident #002. Specifically, the policy states that 1) if pain is present a Pain Observation Tool will be initiated for 72 hours and 2) when a resident is initially put on pain medications and/ or a new pain medication is ordered the registered staff administering the initial dose will initiate a Pain Documentation Flow Sheet for registered staff to use pre and post pain medications administration.

Rationale and Summary

During an interview with Nurse Practitioner #101 it was stated that on a specified date they initiated pain medication for resident #002 while awaiting x-ray results to rule out a suspected fracture. During interviews with DOC #100 and RPN #104 it was stated that a Pain Documentation Flow Sheet and Pain Observation Tool were not completed with the initiation of this pain medication. During an interview with DOC #100 it was stated that the Licensee's Pain Assessment/ Management Policy was not complied with.

By not complying with the Licensee's pain management policy, there is a risk to residents that they are not monitored for the effectiveness of pain management strategies.

Sources:

Pain Assessment/ Management Policy, interviews with DOC #100 and RPN #104, resident #002's health care record

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

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NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (15) 2.

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Lead designated under this section works regularly in that position on site in a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

Rationale and Summary

Review of the IPAC Lead schedule from February 12th-March 11th 2023 showed that the IPAC Lead had worked between eight and sixteen hours per week in their IPAC role. During interviews with DOC #100 and RPN #101 it was stated that the IPAC lead was not working at least 26.25 hours in their IPAC role per week.

This risk of this non-compliance is that the IPAC Lead may be unable to carry out their IPAC duties.

Sources:

Review of the IPAC Lead's schedule, Interviews with DOC #100 and RPN #104

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

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