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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: March 25, 2024
Inspection Number: 2024-1184-0001
Inspection Type: Complaint Critical Incident
Licensee: Carveth Nursing Home Limited
Long Term Care Home and City: Carveth Care Centre, Gananoque

Lead Inspector Ashley Bernard-Demers (740787)	Inspector Digital Signature Ashley F Bernard-Demers Digitally signed by Ashley F Bernard-Demers Date: 2024.03.26 09:54:10 -04'00'

Additional Inspector(s) Wendy Brown (602)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 11-15, 18-22, and 25, 2024

The following intake(s) were inspected:

- Intake: #00103294 - Complaint regarding staffing and resident care
- Intake: #00104863 - Complaint regarding staff to resident alleged abuse
- Intake: #00104973/ CIS# 2683-000017-23 - Complaint regarding alleged staff to resident abuse
- Intake: #00105551/ CIS# 2683-000001-24 Complaint about resident to resident alleged abuse
- Intake: #00107959/ CIS #2683-000009-24 - Alleged unlawful conduct of staff to resident

- Intake: #00108509 / CIS #2683-000010-24 - Complaint regarding resident care
- Intake: #00109036 - Complaint regarding resident care
- Intake: #00110280 / CIS #2683-000011-24 Staff to resident alleged abuse

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a specific task was documented for a resident on several dates and times between a specified date in December 2023 to a specified date in January 2024.

Sources: A review of documentation, and staff interviews

[740787]

WRITTEN NOTIFICATION: Complaints procedure — licensee

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee has failed to ensure that a written complaint, submitted to the home on a specified date in December 2023, regarding the care of a resident was immediately forwarded to the Director.

Sources: An interview with a staff member, and a review of the Critical Incident Report
[740787]

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 27 (1) (b)
Licensee must investigate, respond and act
s. 27 (1) Every licensee of a long-term care home shall ensure that,
(b) appropriate action is taken in response to every such incident; and

The licensee has failed to take specific action regarding an incident of alleged staff to resident abuse on a day in February 2024.

Sources: An interview with a staff member

[740787]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to make an immediate report to the Director regarding a suspicion of abuse for an incident concerning a resident that occurred on a specified day in January 2024.

Sources: Review of the Critical Incident Report, and an interview with a staff member
[740787]

WRITTEN NOTIFICATION: Dining and snack service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 79 (1) 9.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure proper feeding technique was used by a staff member to assist residents with eating on a specified day in March 2024.

Sources: Dining room observation
[602]

WRITTEN NOTIFICATION: Hazardous substances

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 97
Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee has failed to ensure that on a specified day in January 2024, a cleaner / disinfectant was kept inaccessible to a resident.

Sources: Critical Incident System (CIS) report, and staff interviews

[602]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246 / 22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with. In accordance with the Routine and Additional Precautions section 9.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (revised September 2023), the Licensee shall ensure that hand hygiene is conducted after body fluid exposure risk.

On a specified day in March 2024, a staff member was observed feeding a resident, serving coffee to other residents and then feeding another resident with no hand hygiene performed in between assisting residents.

Sources: Dining room observation
[602]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246 / 22, s. 102 (8).

The licensee has failed to ensure that staff participated in the implementation of the

IPAC program.

During a staff member interview a treatment cart was observed. An open, unlabeled bottle of product and one wound care supply package were observed. The staff member indicated the bottle of product and wound care supply package should have been labelled and stored separately for the appropriate resident or discarded after the treatment was completed.

Sources: Interviews with the complainant, a staff interview and treatment cart observation
[602]

WRITTEN NOTIFICATION: Dealing with complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that a complainant's response, for a complaint received on a specified day in February 2024, included the Ministry's toll-free telephone number for making complaints about homes and contact information for

the patient ombudsman.

Sources: An interview with a staff member
[740787]

WRITTEN NOTIFICATION: Dealing with complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 108 (2)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record of complaints is kept for the home.

Sources: An interview with a staff member
[740787]

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 112 (1)
Licensees who report investigations under s. 27 (2) of Act
s. 112 (1) In making a report to the Director under subsection 27 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.
2. A description of the individuals involved in the incident, including,
   i. names of all residents involved in the incident,
   ii. names of any staff members or other persons who were present at or discovered the incident, and
   iii. names of staff members who responded or are responding to the incident.
3. Actions taken in response to the incident, including,
   i. what care was given or action taken as a result of the incident, and by whom,
   ii. whether a physician or registered nurse in the extended class was contacted,
   iii. what other authorities were contacted about the incident, if any,
   iv. whether a family member, person of importance or a substitute decision-maker of any resident involved in the incident was contacted and the name of such person or persons, and
   v. the outcome or current status of the individual or individuals who were involved in the incident.
4. Analysis and follow-up action, including,
   i. the immediate actions that have been taken to prevent recurrence, and
   ii. the long-term actions planned to correct the situation and prevent recurrence.

5. The name and title of the person making the report to the Director, the date of the report and whether an inspector has been contacted and, if so, the date of the contact and the name of the inspector.

The licensee failed to make a report to the Director that included the required material in writing with respect to an alleged incident of abuse of a resident on a specified day in February 2024.

The licensee failed to make a report to the Director that included the required material in writing with respect to an alleged incident of abuse of a resident that occurred on a specified day in December 2023.

Sources: Staff interviews and a review of the Long-Term Care Homes Portal for Critical Incident Reports submitted by the home for specified dates in December 2023 and February 2024
[740787]

WRITTEN NOTIFICATION: Safe storage of drugs

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that a controlled substance was stored in a separate locked area within the locked medication cart.

Sources: Interviews with the complainant and staff members
[602]

COMPLIANCE ORDER CO #001 Policy to promote zero tolerance

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

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

1. Ensure all allegations of resident abuse and neglect are reported to the Director in accordance with the licensee's Reporting of Abuse or Neglect Policy.
2. Develop and implement a written process to audit each allegation of resident abuse and neglect to ensure compliance with the licensee's Reporting of Abuse or Neglect Policy.
3. Provide education on the Abuse and Neglect Policy and the Reporting of Abuse or Neglect Policy to all direct care and management staff, and keep a record of this education.

Grounds

The licensee has failed to ensure that two separate staff members complied with their written policy to promote zero tolerance of abuse and neglect of residents.

A review of the licensee's policy Reporting of Abuse or Neglect indicated that employees are required to immediately report incidents to a member of the management team which includes the Charge Nurse (RN) on duty if they witness an action related to abuse and / or neglect in the workplace.

On a specified day in February 2024, a staff member did not report that they witnessed another staff member speaking to a resident in a potentially abusive manner. The management team became aware of this incident of alleged verbal abuse when it was identified by a co-resident's family member.

On a specified day in December 2023, a staff member did not report the verbalizations made by their co-worker regarding an incident of potential abuse that occurred for a resident.

Staff members not immediately reporting witnessed or suspected abuse places residents at risk for harm.

Sources: Review of the home's Policy / Subject: 024 Reporting of Abuse or Neglect and staff interviews

[740787]

This order must be complied with by May 7, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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.