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

Public Report

Report Issue Date: January 27, 2025

Inspection Number: 2025-1535-0001

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: The Board of Management for the District of Nipissing East

Long Term Care Home and City: Cassellholme, North Bay

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 13-17, 2025.
The inspection occurred offsite on the following date(s): January 21, 2025.

The following intake(s) were inspected:

- Four intakes related to alleged neglect of residents;
- One complaint intake related to responsive behaviours and transfers;
- Two follow-up intakes - CO #001/2024-1535-0004, FLTCA, 2021 - s. 6 (7) - Plan of Care, CDD - December 20, 2024, and CO #001/2024-1535-0005, O. Reg. 246/22 - s. 146 (a) Resident's response to medication not monitored. CDD January 3, 2025.
- Two intakes related to responsive beahviours of residents.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1535-0004 related to FLTCA, 2021, s. 6 (7).
Order #001 from Inspection #2024-1535-0005 related to O. Reg. 246/22, s. 146 (a).

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

Continence Care
Resident Care and Support Services
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

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. 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 failed to ensure that two doors leading to non-residential areas were

equipped with locks and were kept closed and locked to restrict unsupervised access to the areas by residents.

Sources: Inspector observations; and interviews with the Director of Care (DOC) and other staff.

Three days later, the Inspector observed locks had been installed on the doors, which were closed and locked.

Date Remedy Implemented: January 16, 2025

WRITTEN NOTIFICATION: Plan of care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
Plan of care
s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff collaborated with each other regarding an identified resident's refusal of care.

Sources: Critical Incident (CI) report, the home's internal investigation, the resident's health care records, interviews with staff.

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 (2)
Licensee must investigate, respond and act
s. 27 (2) A licensee shall report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

1) The licensee has failed to ensure that the results of the home's investigation into an alleged incident of neglect of a resident were reported to the Director.

During the home's investigation, it was identified that there had been a processing error that delayed the receipt of the resident's intervention but failed to include this information in the CI report to the Director.

Sources: CI report, the home's internal investigation, the resident's health care records, interview with the Director of Support Services and Quality Assurance.

2) The licensee has failed to ensure that all appropriate actions taken in response to an alleged incident of neglect of another identified resident were reported to the Director.

During the investigation, it was identified that the registered staff involved in the incident required retraining on the home's abuse process, however, the home failed to include this information in the CI report to the Director.

Sources: CI report, the home's internal investigation, interview with the manager.

WRITTEN NOTIFICATION: Falls prevention and management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

Pursuant to Ontario Regulation (O. Reg) 226/22, s. 11 (1) (b), the licensee is required to ensure the home's Fall Prevention and Management program was complied with.

The licensee has failed to ensure that the falls prevention and management program reduced or mitigated falls with the use of a device for a specific resident.

Sources: Inspector observations, the resident's plan of care, and interviews with staff.

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) (b)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(b) each resident who is incontinent has an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented.

The licensee has failed to ensure that a resident who was incontinent had an individualized plan, as part of their plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan was implemented.

On an identified date, care was not provided to the resident as outlined in their care plan.

Sources: Interviews with staff; record review of the home's meeting notes and the residents plan of care.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #006 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 the implementation of any standard or protocol issued by the Director with respect to infection prevention and control (IPAC). The Director issued the "IPAC Standard for Long Term Care Homes" in April 2022, revised September 2023.

Additional requirement 9.1 of the IPAC Standard requires the licensee to ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include:
d) Proper use of personal protective equipment (PPE), including appropriate selection, application, removal, and disposal.

Specifically, a staff member was observed in a resident room without all of the required PPE as per point-of-entry signage.

Sources: Inspector observations; IPAC Standard for Long-Term Care Homes issues April 2022, last revised September 2023; and interviews with the IPAC Manager and other staff.

WRITTEN NOTIFICATION: Notification re incidents

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 104 (1) (a)
Notification re incidents
s. 104 (1) Every licensee of a long-term care home shall ensure that the resident's substitute decision-maker, if any, and any other person specified by the resident,
(a) are notified immediately upon the licensee becoming aware of an alleged, suspected or witnessed incident of abuse or neglect of the resident that has resulted in a physical injury or pain to the resident or that causes distress to the resident that could potentially be detrimental to the resident's health or well-being.

The licensee has failed to ensure that a resident's Substitute decision-maker (SDM) was immediately notified of allegations of neglect towards the resident.

Sources: The resident electronic health care record, CI report, the home's policy, interviews with staff.

COMPLIANCE ORDER CO #001 Continence care and bowel management

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (g)
Continence care and bowel management
s. 56 (2) Every licensee of a long-term care home shall ensure that,
(g) residents who require continence care products have sufficient changes to

remain clean, dry and comfortable.

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

A) Conduct a review of the identified resident's plan of care, ensure the plan of care is reflective of resident preferences and clinical needs based on current assessments. Record of the review of the plan of care and changes made shall be made available to the Inspector(s) upon request.

B) Once the plan of care for the resident is reviewed, educate all direct care staff on the specified unit of the plan of care changes for the resident, documentation requirements, and reporting changes in resident care requirements as needed, to ensure they are aware of the care needs of the resident. Record of the education, date, and who was responsible shall be made available to the Inspector(s) upon request.

C) Develop and implement a daily audit, inclusive of all shifts, of the specified care of the resident to ensure staff are providing care as identified in the plan of care, and, documenting the care as it is provided to the resident. The audit must occur for a period of three weeks. Maintain a record of the audits identifying the person/s completing the audits, the staff providing the care, the date and time of care the provision and related documentation, as well as any corrective actions required during the audit. This information must be made available to the Inspector(s) upon request.

Grounds

The licensee has failed to ensure that an identified resident had sufficient changes to remain clean, dry, and comfortable.

It was reported that an identified care requirement for the resident was not completed over a period of time. The home conducted an investigation that identified the staff responsible for the resident's care over the identified dates were unaware of the resident's care needs as per the plan of care, that staff had falsely documented the care provided to the resident, and that staff had not reported changes in the level of assistance the resident required.

Sources: Inspector observations; the resident's health records, the home's policies, internal investigation notes, employee records, CI report; and interviews with the Unit Manager and other staff.

This order must be complied with by February 28, 2025

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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.