

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: March 8, 2024	
Inspection Number: 2024-1396-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Delcare LTC Inc.	
Long Term Care Home and City: Cawthra Gardens, Mississauga	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Lisa Vink (168)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 28, 29, 2024 and March 1, 4, 5, 6 and 7, 2024
The inspection occurred offsite on the following date: March 5, 2024

The following intake was inspected:

- Intake: #00110131 - Proactive Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management

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Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
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: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident.

The licensee has failed to ensure that the written plan of care for a resident set out the planned care for the resident.

Rationale and Summary

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A resident had an intervention on their bedroom door frame.

Staff and the resident verified the use of the intervention. Review of the plan of care did not include the need for the intervention.

On March 4, 2024, the plan of care was revised and the intervention was included as planned care for the resident.

Sources: Observations of a resident's room; interviews with registered staff.
[168]

Date Remedy Implemented: March 4, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident.

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

The written plan of care for a resident identified that they were on a specified diet and the meal service notes indicated the resident was now on a different diet. The Personal Support Worker (PSW) acknowledged that the resident diet was changed recently.

The written plan of care was amended immediately following a review of the resident's status, to be consistent and provide clear direction to staff.

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Sources: Clinical record of resident #003; Meal Service Notes and interview with (Registered Practical Nurse (RPN) #111 and other staff. [506]

Date Remedy Implemented: February 28, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.

The licensee has failed to ensure that resident #006's plan of care was revised when care set out in the plan was no longer necessary.

Rationale and Summary

The plan of care for a resident directed staff to apply an adaptive aide when up in wheelchair since October 2023.

Observations of the resident identified that they did not use the adaptive aide when in the chair.

The PSW indicated the resident did not use the adaptive aide.

On March 7, 2024, the RPN revised the plan of care and removed the intervention for the adaptive aide.

Sources: Observation of a resident; review of the clinical health records; interview with a PSW and other staff. [168]

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Date Remedy Implemented: March 7, 2024

NC #004 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 has failed to ensure that the door which led to a first floor store room, a non-residential area, was kept closed and locked when the area was not supervised by staff.

Rationale and Summary

In February 2024, the store room door, near the chapel was left unlocked and unattended by staff. The room had a stove in it with a operational oven and was not equipped with a resident-staff communication and response system.

The Administrator acknowledged that the door to the non-residential area was to be kept locked at all times and identified that a sign was posted onto the door and staff were reinstructed.

The door was noted to be locked when checked on February 29, 2024.

Sources: Observations of the home; interview with the Administrator and other staff.
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Date Remedy Implemented: February 29, 2024

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NC #005 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 20 (a)

Communication and response system

s. 20. Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times.

The licensee has failed to ensure that the resident-staff communication and response system for a resident could be easily used by residents, staff or visitors at all times.

Rationale and Summary

In February 2024, a resident's bedside call bell (communication and response system) could not be used, as the light nor the sound activated when the button was pushed.

An RPN immediately alerted maintenance staff to the concern and the call bell cord was replaced.

Sources: Observation of a resident's bedroom; interview with RPN and other staff.
[168]

Date Remedy Implemented: February 28, 2024

NC #006 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. iii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

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5. A written record of,
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that their continuous quality improvement report, published on their website included how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

Rationale and Summary

A review of the Cawthra Gardens website included their February 23, 2023, QIP Narrative for Health Care Organizations in Ontario and Workplan Report.

The reports did not include how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, and members of the staff of the home.

The Administrator acknowledged that the information as required was not included in the published continuous quality improvement report, nor was the information located elsewhere on the website.

The following day the Administrator informed the Inspector the website was updated and included the required information.

Sources: Review of the Cawthra Gardens website including QIP workplan and narrative report and interview with the Administrator.

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Date Remedy Implemented: March 6, 2024

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WRITTEN NOTIFICATION: Power of Residents' Council

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 63 (1) 9.

Powers of Residents' Council

s. 63 (1) A Residents' Council of a long-term care home has the power to do any or all of the following:

9. Review,

i. inspection reports and summaries received under section 152.

The licensee has failed to ensure that the Residents' Council was provided with inspection reports and summaries to review as received under section 152 of FLTCA.

Rationale and Summary

The 2023 Residents' Council Meeting Minutes did not include copies of Ministry of Long-Term Care Inspection Reports for all inspections conducted in 2023, as acknowledged by the Program Support Services Manager.

Sources: Review of Residents' Council Meeting Minutes and interview with the Program Manager.

[506]

WRITTEN NOTIFICATION: Powers of Family Council

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 66 (1) 7. i.

Powers of Family Council

s. 66 (1) A Family Council of a long-term care home has the power to do any or all of the following:

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7. Review,

i. inspection reports and summaries received under section 152.

The licensee has failed to ensure that the Family Council was provided with inspection reports and summaries to review as received under section 152 of FLTCA.

Rationale and Summary

The 2023 Family Council Meeting Minutes did not include copies of Ministry of Long-Term Care Inspection Reports for all inspections conducted in 2023, as acknowledged by the Administrator.

Sources: Review of Family Council Meeting Minutes and interview with the Administrator.

[506]

WRITTEN NOTIFICATION: Duty to respond

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when the Family Council advised them of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee within 10 days of receipt the advice, responded to the Family Council in writing.

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Rationale and Summary

Review of 2023, Family Council Meeting Minutes identified several concerns which were made by the Council to the licensee and a response was not provided to the council, in writing, within 10 days, as acknowledged by the Social Worker.

Sources: Review of Family Council Meeting Minutes and interviews with the Social Worker and Family Council Representative.

[506]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift symptoms were recorded.

Rational and Summary

Line listing and progress notes identified that a resident presented with respiratory symptoms.

Review of the documentation did not include that the symptoms of infection were recorded on a specific shift on six occasions when the resident continued to display symptoms and prior to discontinuation of additional precautions.

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Sources: Review of the Line Listing and progress notes for a resident; interview with RPN and other staff.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 5. ii.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

- 5. A written record of,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act,
- and

The licensee has failed to ensure that their continuous quality improvement report, published on their website included a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

Rationale and Summary

A review of the Cawthra Gardens website included their February 23, 2023, Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario and Workplan Report.

The reports did not include a written record of the results of the survey taken during the fiscal year under section 43 of the Act.

The Administrator acknowledged that the information as required was not included in the published continuous quality improvement report, nor was the information located elsewhere on the website.

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Sources: Review of the Cawthra Gardens website including QIP workplan and narrative report and interview with the Administrator.

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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,
 - i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,
 - ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,
 - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
 - iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and
 - v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

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The licensee has failed to ensure that their continuous quality improvement report, published on their website included a written record of the dates the actions were implemented and the outcomes of the actions taken in response to improvement in the home, care, services, program and goods based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the act; any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions; the role of the Residents' Council and Family Council, in actions taken under subparagraphs i and ii; the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii; and v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, and members of the staff of the home.

Rationale and Summary

A review of the Cawthra Gardens website included their February 23, 2023, QIP Narrative for Health Care Organizations in Ontario and Workplan Report.

The reports did not include a written record of the dates the actions were implemented and the outcomes of the actions taken in response to improvement in the home, care, services, program and goods based on the results of the survey taken during the fiscal year under clause 43 (5) (b) of the act; any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions; the role of the Residents' Council and Family Council, in actions taken under subparagraphs i and ii; the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii; and how, and the dates when, the

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actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, and members of the staff of the home.

The Administrator acknowledged that the information as required was not included in the published continuous quality improvement report, nor was the information located elsewhere on the website.

Sources: Review of the Cawthra Gardens website including QIP workplan and narrative report and interview with the Administrator.

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