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

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

Original Public Report

Report Issue Date: August 15, 2023

Inspection Number: 2023-1076-0002

Inspection Type:
Critical Incident System

Licensee: Partners Community Health

Long Term Care Home and City: Camilla Care Community, Mississauga

Lead Inspector	**Inspector Digital Signature**
Patrishya Allis (000762)	Patrishya Allis Digitally signed by Patrishya Allis Date: 2023.08.16 12:10:28 -04'00'

Additional Inspector(s)
Carla Meyer (740860) was present during this inspection.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 31, 2023 and August 1-4, 8-11, 2023

The following intake(s) were inspected:

- Intake: #00001303 - CI related to alleged staff to resident physical abuse.
- Intake: #00003736 - CI related to alleged staff to resident physical abuse.

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

Infection Prevention and Control
Prevention of Abuse and Neglect

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. 6 (1) (c)

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

Rationale and Summary
Resident clinical record review and interview with a Registered Nurse (RN) confirmed that the resident required repositioning every two hours, and that this should have been documented in the resident's support actions tab in Point Click Care (PCC).

The Assistant Director of Care (ADOC) acknowledged there was no information in the support action section in PCC and no interventions in the resident's care plan to guide staff on the frequency of repositioning the resident.

Review of the home policy titled "Preventative Skin Care", last revised April 2019, indicated all team members were to reposition a dependent resident at a minimum of every two hours. Upon review of the support actions tab and care plan in PCC on a date in 2023, no information was present regarding the repositioning frequency.

On August 10th, 2023, the care plan and support actions tab in PCC were altered to include the frequency of repositioning to every two hours. Date Remedy Implemented: August 10th, 2023.

Sources: Interview with the ADOC and RN, review of the home's policy titled "Preventative Skin Care", and a resident's clinical records.

[000762]

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC 002# Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 3.

The licensee failed to ensure that a suspected unlawful conduct that resulted in harm to a resident was immediately reported to the Director.

Rationale and Summary
A Critical Incident (CI) report submitted by the home indicated a suspected unlawful conduct that resulted in harm to a resident occurred. The CI was submitted three days after the incident.

The ADOC acknowledged that the CI report was submitted late due to incorrect submission process.

Sources: Interview with the DOC and ADOC, CI, record review of resident.

[000762]

WRITTEN NOTIFICATION: Staff Records

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 278 (1) 3.

The licensee has failed to ensure that the results of Personal Support Worker's (PSW) police record check was kept in their employee file.

Rationale and Summary
It was identified that a PSW's employee file did not include their police record check. A new hire checklist dated on a specified date in 2007 indicated that the criminal record check for the PSW was completed; however, the Human Resource (HR) Manager and the Director of Care (DOC) acknowledged that this was not retained in their employee file.

Sources: Interview with HR Manager, DOC, and PSW, and review of the PSW's employee file

[000762]