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

**Central East District**
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

# Original Public Report

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| **Report Issue Date:** March 31, 2022 | |
| **Inspection Number:** 2023-1138-0001 | |
| **Inspection Type:**<br>Critical Incident System | |
| **Licensee:** CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partner | |
| **Long Term Care Home and City:** Port Perry Place, Port Perry | |
| **Lead Inspector**<br>Miko Hawken (724) | **Inspector Digital Signature**<br>Miko Hawken<br>Digitally signed by Miko Hawken<br>Date: 2023.04.12 14:50:12 -04'00' |
| **Additional Inspector(s)**<br>Sami Jarour (570) | |

## INSPECTION SUMMARY

The inspection occurred on the following date(s):
February 27 & 28, 2023, March 1 - 3, 6 - 10, 2023.

The following intake(s) were inspected:

- An intake related to responsive behaviours
- Two intakes related to Staff to resident neglect and abuse
- Three intakes related to falls
- An intake related to a medication Incident
- An intake related to a Missing resident

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

Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
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)**
O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure the housekeeper's closet door, in a resident's home area, was kept locked when not supervised by staff.

While performing the Infection Prevention and Control (IPAC) tour of the home, Inspector #724 and #570 observed that a single key was found left in the housekeepers closet doorknob lock in a resident's home area, which was left unattended. The closet contained cleaning chemicals and IPAC supplies.

The Director of Care (DOC) and staff confirmed that staff are not to leave a key in the doorknob lock of the housekeeper's closet, as it must be kept locked at all times, since there were cleaning chemicals that the residents could of accessed.

This occurrence was low risk to residents as they would have had difficulty opening the door to the housekeeper's closet in the resident's home area. The staff and the DOC both confirmed the housekeeping staff and front-line staff were coached about not leaving the key in the doorknob in the resident's home area and the door was to be locked at all times. Subsequent observations found the housekeeper's closet doorknob locked with no key, while left unattended.

**Sources:** Observations, Interviews with DOC and staff. [724]

Date Remedy Implemented: February 26, 2023

## WRITTEN NOTIFICATION: Dealing with Complaints

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

The licensee has failed to ensure that a response letter to the complainant included the Ministry's toll-free telephone number for making complaints and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010.

**Rationale and Summary**

The long-term care home (LTCH) received a written complaint regarding resident care issues. A review of the complaint letter and the home's response letters by the DOC and the Executive Director (ED) indicated none of the response letters to the complainant included the Ministry's toll-free telephone number for making complaints about homes, nor the hours of service and contact information for the patient ombudsman.

The DOC and ED acknowledged that the response letters to the complainant did not include the Ministry's toll-free telephone number for making complaints about homes, nor the hours of service and contact information for the patient ombudsman.

Failure to include the Ministry's toll-free telephone number for making complaints and the contact information for the patient ombudsman under the Excellent Care for All Act, 2010, the complainant would be unable to forward their complaints to someone outside of the long-term care home to have their complaints heard and validated.

**Sources:** Complaint letter, the home's response letters and interviews with the Director of Care (DOC) and the Executive Director (ED). [570]

## WRITTEN NOTIFICATION: EMERGENCY PLANS

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)

The licensee has failed to ensure the emergency plan for dealing with situations involving a missing resident was tested on an annual basis.

**Rationale and Summary**

A Critical Incident Report (CIR) was submitted to the Director related to an incident involving a resident who was missing.

The Executive Director provided documentation that the plan related to situations involving a missing resident was tested in 2021 but was not tested in 2022.

Failure to ensure that the emergency plan related to situations of missing residents could result in less preparedness of staff to deal with an actual situation of missing residents.

**Sources:** CIR, and interview with the ED. [570]

## WRITTEN NOTIFICATION: Administration of Drugs

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**
Non-compliance with: O. Reg. 79/10, s. 131 (2)

The licensee has failed to ensure that a drug administered to resident was in accordance with the directions for use specified by the prescriber.

**Rationale and Summary**

The home submitted a Critical Incident Report (CIR) to the Director regarding a resident who was administered a drug in the incorrect amount by a registered staff, as ordered by the physician.

A pharmacy incident report and the medication administration record (MAR) for the resident indicated that the incorrect amount of drug was administered to the resident by a registered staff.

The DOC confirmed the registered staff incorrectly gave the wrong amount of the drug and did not administer the drug in accordance with the directions for use specified by the prescriber.

As a result of having the incorrect amount of the drug, the resident was sent to hospital for further monitoring.

**Sources:** CIR, Review of clinical records of MAR, Medication Incident Report, Pharmacy three-month review, home's investigation notes, and interview with DOC. [724]

## COMPLIANCE ORDER CO #001: Plan of Care

**NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**
Non-compliance with: FLTCA, 2021, s. 6 (7)

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

Specifically, the licensee shall:

1. The falls lead is to complete unannounced biweekly audits on evening and night shifts of two random residents that reside on a specific resident home area for four weeks that shows if fall interventions, such as bed alarms, falls mats and hip protectors for the particular residents were in place, based on their plan of care. Document the audit date, who conducted the audit, names of the staff and residents being audited, audit results and what actions were taken by the auditor. Make this information available to inspectors upon request.

**Grounds:**

1. The licensee has failed to ensure that the care set out in resident plan of care was provided to the resident as specified in the plan.

**Rationale and Summary**

A Critical Incident Report (CIR) was submitted to the Director related to an incident involving a missing resident.

Record reviews and staff interviews indicated that staff notified Registered Nurse (RN) that the resident left through the front door at a specified time. There was no record that the resident signed out on that specified day when they left the LTC home.

The resident's plan of care specified directions for staff to follow.

The Administrator indicated that it is the home's policy for residents to sign out and acknowledged the resident did not sign out as directed in the resident's plan of care.

The home failed to ensure the resident signed out when they left the home, as per resident's plan of care, resulted in the LTCH being unable to track and monitor resident's absence from the home.

**Sources:** CIR, progress notes and care plan for resident, interviews with staff and the Administrator. [570]

**Grounds:**

2. The licensee has failed to ensure that a falls intervention was in place as specified in the plan of care.

**Rationale and Summary**

A Critical Incident Report (CIR) was submitted to the Director, regarding a resident who had a fall and required hospital transfer.

The care plan for the resident required that falls intervention was in place when the resident was in bed. Extendicare's Post Falls Assessment tool and the Point Click Care (PCC) Risk Management for the resident's fall, indicated that the resident's falls intervention was not in place at the time of the fall.

The staff confirmed that there was a fall intervention that was not in place at the time of the fall as per the resident's plan of care.

As a result of not having the fall intervention in place, this increased the risk of the resident falling, as the intervention was put in place to prevent a fall.

**Sources:** CIR, Care Plan of resident, Extendicare – Post-fall assessment tool, PCC Risk Management Tool, Interview with staff. [724]

**This order must be complied with by** May 10, 2023

## COMPLIANCE ORDER CO #002: Falls Prevention and Management

**NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**
Non-compliance with: O. Reg. 79/10, s. 49 (2)

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

Specifically, the licensee shall:

1. Have the falls lead re-train a registered staff on the home's post falls assessment tool including policy and processes involved with the post-falls assessment requirements. Document what education was provided, the date of education provided, the name of the person who provided the education, and the names of the staff who have completed the education. Make this information available to inspectors upon request.

2. The falls lead will monitor the home's falls for a period of four weeks. If the registered staff is involved with any resident that falls, they are to audit the post falls assessment tool for completeness and appropriate information as it relates to the fall that the registered staff is documenting for. Document the audit date, who conducted the audit, names of the staff being audited, audit results and if any issues, what was done about the issues found. Make this information available to inspectors upon request.

**Grounds**

Non-compliance with: O. Reg. 79/10 s. 49 (2)

The licensee has failed to ensure that a resident, had a post falls assessment completed using a clinically appropriate assessment instrument that is specifically designed for falls.

**Rationale and Summary**

A Critical Incident Report (CIR) was submitted to the Director regarding a resident who had a fall requiring a hospital transfer.

Clinical records for the resident showed that a post falls assessment was not completed by registered staff in both the Extendicare Post Falls Assessment Tool and the Point Click Care (PCC) Post falls Assessment - V7. The registered staff confirmed the post falls assessments in both the tool and the electronic version of the tool in PCC was incomplete.

The falls lead and a registered staff confirmed that a post falls assessment is to be completed after every fall and established that it was not completed by the registered staff.

As a result of the post fall assessment not being completed, there was increased risk to the resident as there were no identifying factors for further risk mitigation and further interventions that could have been implemented.

**Sources**: CIR, Extendicare Post Falls Assessment tool; PCC Falls Management - Post Fall Assessment - V7, interviews with staff. [724]

**This order must be complied with by** May 10, 2023

## 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.