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

London District
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Original Public Report

Report Issue Date: April 21, 2023

Inspection Number: 2023-1091-0002

Inspection Type:
Critical Incident System

Licensee: CVH (No. 5) LP by its general partner, Southbridge Care Homes (a limited partner

Long Term Care Home and City: Country Village Homes - Woodslee, South Woodslee

Lead Inspector	**Inspector Digital Signature**
Jennifer Bertolin (740915)	Jennifer Bertolin Digitally signed by Jennifer Bertolin Date: 2023.04.24 16:01:15 -04'00'

Additional Inspector(s)
Cassandra Taylor (725)
Julie D'Alessandro (739)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
March 14-16, 2023
March 20-24, 2023

The following intake(s) were inspected:

- Intake: #00001742 - [CI: 2576-000017-22] Fall Prevention and Management
- Intake: #00002671 - [CI: 2576-000034-22] Resident Care and Support Services
- Intake: #00003904 - [CI: 2576-000027-22] Fall Prevention and Management
- Intake: #00006329 - [CI: 2576-000024-22] Responsive Behaviours
- Intake: #00006763 - [CI: 2576-000037-22] Responsive Behaviours
- Intake: #00011849 - [CI: 2576-000053-22] Fall Prevention and Management
- Intake: #00013370 -[IL-07201-AH/2576-000058-22] Responsive Behaviours
- Intake: #00013604 -[IL-07297-AH/2576-000060-22] Responsive Behaviours
- Intake: #00013887 -[IL-07441-AH/2576-000063-22] Responsive Behaviours
- Intake: #00017620 -[CI:2576-000002-23] Skin and Wound Prevention and Management
- Intake: #00018616 -[CI:2576-000004-23] Responsive Behaviours
- Intake: #00021259 - [CI: 2576-000010-23] Prevention of Abuse and Neglect

The following intakes were completed in this inspection:

Intake# 00006329, CI: 2576-000024-22; Intake # 00013604 CI: 2576-000060-22; Intake# 00006328 CI: 2576-000033-22; Intake # 00008334 CI: 2576-000043-22; Intake # 00009353 CI: 2576-000050-22; Intake# 00007888 CI: 2576-000042-22; Intake# 00006953 CI: 2576-000035-22; Intake # 00002029 CI: 2576-000019-22; Intake # 00004112, CI: 2576-000036-22.

Intake# 00007809, CI: 2576-000040-22; Intake # 00008846, CI: 2576-000047-22; Intake # 00021278, CI: 2576-000013-23; Intake # 00011155, CI: 2576-000052-22; Intake 00002029, CI: 2576-000019-22, and Intake # 00012494, CI: 2576-000055-22 were related to altercations between residents.

Intake # 00018497, CI: 2576-000003-23; Intake#00016472, CI: 2576-000069-22; Intake #00019539, CI: 2576-000005-23; Intake # 00013662, CI: 2576-000061-22; Inatek#00013488, CI: 2576-000059-22; Intake #00014324, CI: 2576-000065-22; Intake #00014431, CI: 2576-000066-22; Intake # 00013807, CI: 2576-000062-22; Intake # 00014113, CI: 2576-000064-22; Intake # 00016175, CI: 2576-000068-22; Intake # 00020938, CI: 2576-000008-23; Intake #00021532, CI: 2576-000015-23; Intake # 00021267, CI: 2576-000012-23; Intake #00006758, CI: 2576-000026-22; Intake # 00002435, CI: 2576-000038-22; Intake #00008545, CI: 2576-000045-22; Intake # 00008670, CI: 2576-000046-22, and Intake # 00006763, CI: 2576-000037-22 were related to responsive behaviours.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policies and Records
NC # 001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (1) 4.

1.The licensee failed to ensure that a pain assessment was completed on a resident when they returned from the hospital.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the Pain Identification and Management Policy #RC-19-01-01 was complied with.

Specifically, registered staff did not comply with the policy "Pain Identification and Management", last revised January 2022, which was included in the licensee's pain management program.

Rationale and Summary
A critical Incident (CI) report was submitted to the Ministry of Long-Term Care (MLTC), indicated that a resident had a fall where they sustained an injury and required additional medical treatment.

Review of the resident's progress notes, and assessments, specifically the Pain/Palliation Assessment, indicated that the resident did not have a completed pain assessment done on them when they returned from the hospital.

According to the home's Pain Identification and Management Policy, registered staff are expected to complete a pain assessment on residents when they return from the hospital.

During an interview with management, they reviewed the resident's clinical chart and confirmed that a pain assessment was not completed on the resident when they returned to the home.

Sources: Resident progress notes and assessments; Interviews with management; the Pain Identification and Management Policy.
[740915]

2.The licensee failed to ensure that registered staff completed a pain assessment on a resident that had altered skin integrity and was prescribed a new medication.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the Pain

Identification and Management Policy #RC-19-01-01 was complied with.

Specifically, registered staff did not comply with the policy "Pain Identification and Management", last revised January 2022, which was included in the licensee's pain management program.

Rationale and Summary
A CI report was submitted to the MLTC that indicated that the home received a verbal complaint concerning the improper care of a resident's altered skin integrity.

Review of resident's progress notes and electronic assessments indicated there was no clinically appropriate instrument used to complete a pain assessment, when the resident had altered skin integrity and prescribed a medication for pain relief.

According to management, the expectation was for registered staff to have completed a comprehensive pain assessment for the resident since they were being treated and prescribed a medication.

Management verified that a pain assessment was not completed on the resident and it should have been.

Sources: Resident progress notes and pain assessments (PCC); Interview with management; the Home's Pain Identification and Management Policy.
[740915]

WRITTEN NOTIFICATION: Administration of Drugs
NC # 002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

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

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that the Medication Reconciliation policy, #RC16-01-11 was complied with.

Specifically, registered staff did not comply with the policy "Medication Reconciliation", last revised January 2022, which was included in the licensee's medication management program.

Rationale and Summary
A resident had a fall requiring medical treatment for an injury.

The resident's hard copy chart with the hospital's discharge summary and medication list showed there were new orders for medications on the discharge medication list for the resident.

After reviewing the home's Re-Admission Medication Reconciliation form, it was noted that one of the medications was not transcribed onto the reconciliation sheet.

During an interview with registered staff, they reviewed the resident hard copy chart and confirmed that the one medication ordered was not transcribed onto the home's reconciliation sheet.

During an interview with management, they stated that the expectation was for registered staff to have recorded new medications that were ordered onto the home's reconciliation sheets, and for the home's Doctor or NP to have reviewed and to have decided to stop or continue with the medication.

Sources: Resident's hard copy chart and EMAR; the hospital's discharge medication list and the home's Re-Admission Medication Reconciliation form; Interview with registered staff and management; the home's Medication Reconciliation Policy.
[740915]

WRITTEN NOTIFICATION: Reporting Certain Matter to Director
NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee failed to ensure an allegation of verbal abuse was immediately reported to the Director.

Rationale and Summary
A CI report was submitted to the MLTC that indicated, that a resident reported an allegation of verbal abuse from a staff member to registered staff two days prior to the date the report was submitted.

During an interview with management they indicated that a CI should have been submitted immediately to the MLTC when it was reported to registered staff.

Sources: CI report and staff interview with management.
[725]

WRITTEN NOTIFICATION: Retraining
NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (4)

The licensee failed to ensure that all staff received annual retraining on the home's policy to promote zero tolerance of abuse and neglect of residents and the duty under section 28 related to mandatory reports.

Rationale and Summary
During record review of the home's Zero Tolerance of Resident Abuse and Neglect Program provided for policies that met the legislative requirements.

On review of the mandatory education provided through Surge Learning to all staff titled, Zero Tolerance of Resident Abuse and Neglect Program ALL STAFF, did not include all of the home's policies within their Zero Tolerance of Resident Abuse and Neglect Program.

Management confirmed that all staff received their Zero Tolerance of Resident Abuse and Neglect Program education through surge learning, and that the policies were not included as additional training content.

Management also confirmed that all staff should have received training on the home's policies for prevention of abuse and neglect to meet the legislative requirements.

Sources: The home's Prevention of Resident Abuse and Neglect Program and staff interviews with management.
[725]

WRITTEN NOTIFICATION: General Requirements for Programs
NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

The licensee failed to keep a written record of the Falls Prevention and Management program evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were

implemented.

Rationale and Summary
During an interview with management they stated the home did not have a written record of the annual evaluation of the Falls Prevention and Management program for the year 2022 that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Sources: Interview with management
[739]

WRITTEN NOTIFICATION: Skin and Wound Care
NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

The Licensee failed to ensure that a resident had a head to toe skin assessment completed upon return from the hospital for their areas of altered skin integrity.

Rationale and Summary
A CI report was submitted to the MLTC that indicated that the home received a verbal complaint concerning the improper care by registered staff of a resident's altered skin integrity.

Review of the resident progress notes indicated they were being treated by the nurse practitioner (NP). The resident was sent to the hospital and returned to the home a few days later.

Review of the resident's electronic assessments indicated that a head-to-toe assessment was not completed upon the resident's return from the hospital.

During an interview with registered staff, they indicated that a head-to-toe skin assessment should have been completed by registered staff on the resident upon return from the hospital.

During an interview with management , they stated that a head-to-toe skin assessment was not completed on the resident when they returned from the hospital, and that registered staff did not follow the home's Skin and Wound policy.

Sources: Resident progress notes and assessments ; Interviews with management and registered staff; the Home’s Skin and Wound Care policy.

[740915]

WRITTEN NOTIFICATION: Skin and Wound Care
NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

The licensee failed to ensure that treatment and interventions were initiated when a resident exhibited altered skin integrity.

Rationale and Summary
A Critical Incident System (CIS) report indicated that the home received a verbal complaint concerning the improper care of a resident's altered skin integrity.

Review of the resident's electronic progress notes and assessments indicated that treatment and interventions were not initiated by registered staff when they became aware of altered skin integrity. According to the resident's assessments, treatment and interventions were not initiated by registered staff until a later date.

During an interview with registered staff, they indicated when the resident experienced altered skin integrity a head-to-toe skin assessment should have been completed and treatments/interventions should have been initiated.

Management said that skin and wound treatment and interventions were not initiated when registered staff became aware of the resident's altered skin integrity.

Sources: Resident progress notes and assessments; Interviews with management and registered staff; the Home's Skin and Wound Care policy
[740915]

WRITTEN NOTIFICATION: Skin and Wound Care
NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee has failed to ensure that a resident had weekly assessments completed on an identified area of altered skin integrity.

Rationale and Summary

A CI report was submitted to the MLTC indicated that a resident had a fall requiring medical treatment for an injury.

The progress notes and assessments for the resident indicated that weekly skin assessments were not initiated or completed on an identified area of altered skin integrity when they returned from the hospital.

During an interview with registered staff, they reviewed the resident's clinical chart and confirmed that weekly skin and wound assessments were not completed on the resident when they returned from the hospital.

During an interview with management, they stated that weekly skin and wound assessments should have been initiated and completed for the resident upon their return from the hospital.

Sources: Resident progress notes and assessments: Interviews with management and registered staff; the Home's Skin and Wound Care policy.
[740915]

WRITTEN NOTIFICATION: Responsive Behaviours
NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

The licensee failed to ensure that reassessments of a resident responsive behaviours were documented.

Rationale and Summary
Record review of a resident indicated that the resident exhibited responsive behaviours towards another resident.

During an interview with management they stated that the risk management tool was used for reassessing residents after a responsive behaviour because it included what happened during the incident, what may have triggered the resident, interventions that were in place at the time of the incident and what could have been trialed after the incident.

Record review of the resident risk management tools did not include a completed tool for these specific incidents. Management acknowledged that the tool was not completed therefore the resident's behaviours were not re-assessed and stated that they should have been.

Sources: Progress notes in PCC, risk management tool in PCC, and interview with the ADOC. [739]

WRITTEN NOTIFICATION: Reports re Critical Incidents
NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 2.

The licensee failed to ensure the Director was informed immediately of a resident unexpected death.

Rationale and Summary
A CI report was submitted to the MLTC, that outlined the events of this resident's death.

Management said they would consider the resident's death unexpected and sudden. Management indicated a CI should have been completed and submitted on the date that the resident died, and it was not.

Sources: CI report, Resident medical records and staff interview with management. [725]

WRITTEN NOTIFICATION: Resident Records
NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 274 (b)

The licensee failed to ensure that a resident's written record was kept up to date after an incident of responsive behaviour.

Summary and Rationale
The Long-Term Care Home submitted CI report related to an incident of responsive behaviour involving a resident.

The resident's paper and electronic chart did not include a description of the incident that had occurred.

During an interview with management, they reviewed resident’s chart and acknowledged that the incident was not documented and therefore the resident’s written record was not kept up to date.

Sources: CI report, resident progress notes, and interview with management.
[739]

WRITTEN NOTIFICATION: Staff Records
NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 278 (1) 3.

The licensee failed to ensure a police record check was kept for a staff member.

Rationale and Summary
During record review of a staff member's employee file, no police record check was found.

Management confirmed that there was no police record check the staff member's file and indicated that one would be obtained. Management provided the signed annual attestation for criminal record status certification course for the staff member.

Management provided documentation that the staff member applied for a new vulnerable sector police clearance check, on a specific date, however, the document was not yet available.

Management indicated a copy of the staff member's police clearance should have been kept on file and were unable to locate the original document.

Sources: Staff file for staff member, receipt from Windsor Police Services and staff interviews with management
[725]