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 West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: Sept 4, 2024
Inspection Number: 2024-1053-0004
Inspection Type: Complaint Critical Incident
Licensee: Derbecker's Heritage House Limited
Long Term Care Home and City: Derbecker's Heritage House, St Jacobs

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 21 - 23, and 26 - 29, 2024.

The following intake(s) were inspected:

- Intake: #00117156 Resident fall with injury.
- Intake: #00119424 Resident injury of unknown cause.
- Intake: #00119869 Complainant related to care

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration

Infection Prevention and Control
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Compliance with manufacturers' instructions

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 26
Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure that staff use all equipment in accordance with manufacturers' instructions.

Rationale and Summary:
A bed alarm was in place and on for a resident but did not alert the staff that the resident self transferred and fell.

The manufacturers' instructions for use of the sensor pads indicated that they should have the date they are put in use documented in the start box on the pad. As well, the pad should not be used for more than one year.

The resident's bed sensor pad did not have a date indicating when the pad was put in place, nor was the home able to provide any record to show when this sensor pad was applied to the resident's bed.

Failure to document the date the bed sensor pad is put into circulation/use may result it being used longer than intended or potential malfunctioning by not alerting staff to a resident's movement which could result in a resident injury.

Sources: CIS #2134-000006-24, observation, manufacturers' instructions, interviews with DOC and staff

WRITTEN NOTIFICATION: Required programs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)
Required programs
s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,
(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

The licensee failed to ensure that a resident's pain was assessed in accordance with the home's pain management program

Rationale and Summary:
In accordance with O. Reg. 246/22, s. 11 (1) (b), the home's pain management program documented that a pain assessment should be completed quarterly if the resident' pain score was greater than zero. In addition, if a resident with a significant change in status RAI-MDS scored greater than zero on the pain scale, a pain

assessment was to be completed.

The licensee failed to complete a quarterly pain assessment when a resident's RAI MDS documented a significant change and pain with a score of two.

The DOC acknowledged pain assessment had not been completed and should have been completed.

Failing to complete a pain assessment was a missed opportunity to determine if further pharmacologic or non pharmacologic interventions would better assist in the resident's pain management

Sources: RAI MDS, June 10, 2024, care plan, pain assessments, Policy: Pain Management, G-60, reviewed, April 2024, interview with DOC and staff.

WRITTEN NOTIFICATION: Skin and Wound care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that a resident received a skin assessment by an

authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, when altered skin was identified.

Rationale and Summary:
On three days in June 2024, there was altered skin integrity identified for a resident but there was no documented skin and wound assessment using a clinically appropriate tool for these areas of altered skin integrity and no treatment record initiated for these areas.

The DOC acknowledged there should have been assessments completed.

Sources: Skin Care and Wound Management program, documentation survey report June 2024, care plan, skin and wound assessments. interview with DOC and staff.

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