

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspection Branch

North District
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: February 17, 2023	
Inspection Number: 2023-1542-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: The Board of Management for the District of Parry Sound East	
Long Term Care Home and City: Eastholme Home for the Aged, Powassan	
Lead Inspector Sylvie Byrnes (627)	Inspector Digital Signature
Additional Inspector(s) Inspector Vikki Larocque (000699) also attended the inspection during orientation.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): January 9-13 and 16-20, 2023.

The following intake(s) were inspected:

- Five intakes related to falls;
- Four intakes related to unsafe transfers;
- Three intakes related to missing controlled substances;
- One intake related to care concerns; and,
- One complaint related to whistle-blowing protection and retaliation.

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

Resident Care and Support Services
Medication Management
Whistle-blowing Protection and Retaliation
Infection Prevention and Control
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

The licensee has failed to ensure that a person who has reasonable grounds to suspect that improper care of residents had occurred, immediately reported the suspicion and the information upon which it was based on to the Director.

1) A concern was brought forth by a PSW that care was not provided to the residents as indicated in their plan of care. The home did not report the suspicion and the information on which it was based to the Director.

The lack of reporting caused low risk to the residents.

Sources: Record review: Home's investigation notes into alleged incident, home's policy titled, "Zero Tolerance of Abuse and Neglect, and Reporting Requirements", interviews with Assistant Administrator and Director of Care.

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2) A PSW observed other PSWs providing care to a resident in a different manner that was indicated in the resident's care plan. The PSW stated that they had reported the incident to the Director of Care (DOC) at a later date.

There was moderate risk to the resident.

Sources: Interview with PSWs and DOC; record review of home's investigation notes, home's policy titled, "Zero Tolerance of Abuse and Neglect, and Reporting Requirements", a resident's care plan.

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WRITTEN NOTIFICATION: Whistle-blowing protection

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 30 (7)

The licensee has failed to ensure that a staff member or a person who managed the long-term care home did anything to encourage a person to fail to report improper or incompetent care of residents that resulted in risk of harm to the residents to the Director.

A PSW brought forth care concerns to a staff member regarding specific care they felt was not being provided to residents. The PSW received disciplinary action.

Sources: Interviews with Administrator, A. Administrator, DOC, and other staff members; Record review; Home's investigation notes for three incidents, and "Counselling Discussion" form, "Workplace Violence and Harassment Complaint Form".

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WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 40

The licensee has failed to ensure that staff used safe transferring techniques when assisting a resident.

A PSW observed two PSWs transferring a resident in a different manner that was indicated in the resident's care plan.

There was moderate risk to the resident.

Sources: Interview with PSWs, DOC; record review of home's investigation notes, home's policy titled, "Minimal Lift and transfers", a resident's care plan.

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WRITTEN NOTIFICATION: Plan of Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (5)

The licensee has failed to ensure a resident's substitute decision-maker (SDM), and any other persons designated by the resident were given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A resident family members complained to the home that an intervention was in place for the resident that had not been discussed with their SDM. The resident's plan of care did not identify the specific intervention.

There was moderate risk when the intervention put in place was not discussed with the SDM.

Sources: home's investigation notes, and resident's care plan; interviews with a PSW, RPN, Housekeeper and DOC.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (4) (a)

The licensee shall ensure that that there is an interdisciplinary team approach in the co-ordination and implementation of the infection prevention and control program for residents.

A resident developed symptoms that required isolation precautions. The DOC acknowledged that placing the resident on isolation was missed.

Sources: Observation on a specific date; record review of progress notes, homes policies titled, "Signs and Symptoms of Infection in the Elderly", list of residents in isolation on provided by the DOC, Fax transmission sheet from a Hospital; interviews with a RPN, IPAC Lead and DOC. [627]

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WRITTEN NOTIFICATION: Drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 124 (1)

The licensee has failed to ensure that an interdisciplinary team, which included the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, met at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The DOC provided the Inspector with the quarterly review of the medication management system and stated that the quarterly meetings were not attended by the Administrator and the Medical Director.

There was low risk of harm to the resident when the Administrator and the Medical Director did not take part in the quarterly medication management system in the home.

Sources: Three quarterly medication management system reports, interview with DOC.

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WRITTEN NOTIFICATION: Drugs

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

Non-compliance with: O.Reg. 246/22, s. 125 (1)

The licensee has failed to ensure that an interdisciplinary team, which included the Medical Director, the Administrator, the Director of Nursing and Personal Care, the pharmacy service provider and a registered dietitian who was a member of the staff of the home, met annually to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

The DOC stated that a yearly program evaluation of the medication management system in the home had not been completed as they thought the quarterly evaluations were sufficient.

There was low risk of harm to the resident when an annual evaluation of the yearly medication management system in the home was not completed.

Sources: Interview with DOC. [627]