

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

Report Issue Date: September 25, 2024

Inspection Number: 2024-1294-0001

Inspection Type:

District Initiated

Licensee: Estonian Relief Committee in Canada

Long Term Care Home and City: Ehatare Nursing Home, Scarborough

Lead Inspector

Inspector Digital Signature

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 19, to 22, 2024

The following intake(s) were inspected:

- a District Office Initiated Inspection intake.

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

Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home

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Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Dining and snack service

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

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

1. The Dietary Service Manager, DOC or designates shall develop a written plan detailing the process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
2. The Dietary Service Manager, DOC or designates shall provide training to all staff participating in dining room services on the written process.
3. The Dietary Service Manager, DOC or designates shall complete dining room service audits twice a week for three weeks. The audits shall include the name of the auditor, date of the audit, time of the audit, name of staff audited, name of resident and their diet order, and whether the correct diet order was provided. When the auditor identifies that the written plan is not followed, the auditor shall provide immediate retraining and obtain the staff's signature acknowledging that they have received training.
4. All records to be retained and made available to Inspectors upon request.

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Grounds

The licensee failed to ensure that a process was followed to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.

Rationale and Summary:

A District Initiated Inspection was conducted. During multiple meal observations it was noted that residents' meals were plated by the Dietary aide (DA) with the direction of the Personal Support worker (PSW). Neither staff reviewed the resident's diet and preferences during the plating or when delivering them to the resident, as required by the LTCH's policy. PSW #105 and the DA #106, indicated that they had known the residents' dietary orders by memory and that they did not verify the meals.

The homes high nutritional risk list indicated that multiple residents required modified textured diets. The Dietary Service Manager (DSM) indicated that multiple residents had various allergies.

The DSM, DA #106 and PSW #105 were unable to identify the process that would assist in confirming the meals against the dietary orders. In separate interviews, the DSM and ADOC #103 indicated that the meals need to be verified against the orders, and not doing so would put the residents at risk for reaction to allergens, aspiration or choking.

Failure to follow the homes process placed the residents at risk of receiving the wrong diet.

Sources: Dining observations, The LTCH's policy, and interviews with staff

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This order must be complied with by November 29, 2024

COMPLIANCE ORDER CO #002 Safe storage of drugs

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (ii) that is secure and locked,

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

1. The DOC or designate shall develop and implement a written plan to ensure the immediate safety of all residents when the medication cart is unable to lock and is unsupervised during medication administration. The plan shall also include steps to take to ensure that the medication cart is fixed when broken and a communication plan to inform the DOC of any issues with keeping the medication cart locked.
2. The DOC or designate shall educate all registered staff on the written plan to ensure the immediate safety of all residents when the medication cart is unable to lock.
3. The DOC or designate shall educate all registered staff on the safe storage of drugs, with a focus on keeping all drugs in a secure and locked area.
4. All documents and training records to be retained and provided to Inspectors upon request.

Grounds

The licensee failed to ensure that drugs were stored in an area or a medication cart, that was secure and locked.

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Rationale and Summary:

A District Initiated Inspection was conducted. During an observation on August 20th, 2024, it was observed that the medication cart was unlocked and unsupervised when RN #101 was administering medications. The medication cart contained resident medications and sharps. RN #101 indicated that only registered staff should be able to access the cart and that the cart could not lock because it was broken. RN #101 indicated that the medication cart was not locking since August 19, 2024, and that no safety measures were put in place to supervise the medication cart that could not lock during medication pass.

The DOC indicated that they were informed the medication cart was not locking and that it would be repaired on the morning of August 21, 2024.

During another observation, the medication room door was found unlocked and unsupervised. RN #108 indicated that the medication room should be kept locked, and that they left the medication room for a brief moment. ADOC #103 confirmed that only registered staff should have access to the medication storage room, and that it should be kept locked when unsupervised.

Failure to keep the medication cart and medication storage areas locked when unsupervised posed a risk of harm to the residents who may access and ingest medications.

Sources: The homes policy on Safe Storage of Medications, Observations, Interviews with RN #101, RN #108, and the DOC.

This order must be complied with by November 29, 2024

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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

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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:

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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.