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
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Original Public Report

Report Issue Date: December 5, 2023	
Inspection Number: 2023-1018-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: ATK Care Inc.	
Long Term Care Home and City: The Fordwich Village Nursing Home, Fordwich	
Lead Inspector Janis Shkilnyk (706119)	**Inspector Digital Signature** Janis Shkilnyk Digitally signed by Janis Shkilnyk Date: 2023.12.06 09:07:55 -05'00'
Additional Inspector(s) Josee Snelgrove (674)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 21-24, 28-30, 2023.

The following intake(s) were inspected:

- Intake: #00101846 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management

Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
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)
Non-compliance with: O. Reg. 246/22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

Rationale and Summary

The licensee failed to ensure that the home's Continuous Quality Improvement Initiative was posted on their website.

The Administrator posted the Continuous Quality Improvement Initiative dated February 18, 2023, on their website.

Sources:

Observation of the home's website, and interview with the Administrator.

[674]

Date Remedy Implemented: November 23, 2023

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (1)
Resident and Family/Caregiver Experience Survey
s. 43 (1) Every licensee of a long-term care home shall ensure that, unless otherwise directed by the Minister, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

The licensee failed to ensure that, at least once in every year a survey is taken of the residents, their families and caregivers to measure their experience with the home and the care, services, programs and goods provided at the home.

Rationale and Summary

The Resident Council President reported that they has been president of resident council for a period of time and prior to this was vice-president of resident council. During their time as a resident council member, they has not received a resident and family/caregiver experience survey.

A family council member reported that their family member has been a resident in the home for a period of time and they have never been offered a resident and family/caregiver experience survey.

Resident and Family Council Coordinator reported that it has been at number of years since a survey has been provided to residents and families.

Continuous Quality Improvement (CQI) Lead/Administrator (ADM) reported that the resident and family/caregiver experience survey has not been conducted annually.

Failure to include Residents' and Family Councils in carrying out or acting on the results of the survey is a missed opportunity to capture information of importance to residents and family members on the care and services provided by the home.

Sources:

Interviews with a resident, staff, family member and ADM, Residents' Council meeting minutes, Family Council meeting minutes.

[674]

WRITTEN NOTIFICATION: Housekeeping

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that cleaning and disinfection was implemented in accordance with the manufacturer's specifications for resident care equipment, when a mechanical lift was not disinfected between resident use.

Rationale and Summary

The mechanical lift manufacturer's specifications for use stated that for cleaning the equipment and accessories unless otherwise stated, before each and every use to follow the cleaning procedures described. It was recommended that equipment was regularly cleaned and/or disinfected between each resident use. Disinfectant wipes were available on the resident room door.

Staff were observed transferring a resident with a mechanical lift. After use, the staff

did not disinfect the shared equipment.

Staff stated that a mechanical lift was to be cleaned with a disinfectant wipe between residents. They confirmed that in this incidence the lift had not been cleaned after use.

The Director of Care stated that they would expect shared resident equipment to be disinfected between use.

Failure to follow the manufacturer's instructions for cleaning and disinfecting shared resident equipment risks potential transmission of micro-organisms to residents and staff.

Sources:

Observation, mechanical lift instructions, interviews with staff and DOC

[706119]

WRITTEN NOTIFICATION: Medication incidents and adverse drug reactions

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 147 (3) (a)
Medication incidents and adverse drug reactions
s. 147 (3) Every licensee shall ensure that,
(a) a quarterly review is undertaken of all medication incidents, incidents of severe hypoglycemia, incidents of unresponsive hypoglycemia, adverse drug reactions and every use of glucagon that have occurred in the home since the time of the last

review in order to,
(i) reduce and prevent medication incidents and adverse drug reactions,
(ii) improve the use of glucagon and to improve the care and treatment of incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and
(iii) identify patterns of incidents of severe hypoglycemia and incidents of unresponsive hypoglycemia;

The licensee failed to ensure that a quarterly review was undertaken of all medication incidents and adverse drug reactions that occurred in the home since the time of the last review in order to reduce and prevent medication incidents and adverse drug reactions.

Rationale and Summary

Professional Advisory Committee (PAC) quarterly meeting minutes documented that the medication incidents were not available for review.

The Director of Care (DOC) acknowledged that medication incidents for the past quarter had not been reviewed for trends and analysis.

Failure to complete a quarterly review of the medication incidents was a missed opportunity to identify trends that could be addressed to prevent and reduce further medication incidents.

Sources:

PAC meeting minutes, interview with DOC.

[706119]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
3. The home's Medical Director.

The licensee failed to ensure their continuous quality improvement (CQI) committee was composed of at least the following persons: the home's Medical Director.

Rationale and Summary

The home's Quality Improvement Committee meeting minutes for the last three quarters did not include the home's Medical Director as an attendee.

The Administrator acknowledged that their Quality improvement team did not include all required members as legislated per O. Reg. 246/22.

Not including all required roles in the CQI committee may risk potentially relevant feedback not being included to assist the home in their CQI initiatives or outcomes.

Sources:

interview with Administrator, Quality Improvement Committee Minutes for the last three quarters.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 6.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

The licensee failed to ensure their continuous quality improvement (CQI) committee was composed of at least the following persons: the home's pharmacy provider or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.

Rationale and Summary

The home's Quality Improvement Committee meeting minutes for the last three quarters, did not include the home's pharmacy provider or a pharmacist as an attendee.

The Administrator acknowledged that their Quality improvement team did not include all required members as legislated per O. Reg. 246/22.

Not including all required roles in the CQI committee may risk potentially relevant feedback not being included to assist the home in their CQI initiatives or outcomes.

Sources:

interview with Administrator, Quality Improvement Committee Minutes for the last three quarters.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
9. One member of the home's Residents' Council.

The licensee failed to ensure their continuous quality improvement (CQI) committee was composed of at least the following persons: one member of the home's Residents' Council as an attendee.

Rationale and Summary

The home's Quality Improvement Committee meeting minutes attendees list for the last three quarters did not include one member of the home's Residents' Council.

The Administrator acknowledged that their Quality improvement team did not include all required members as legislated per O. Reg. 246/22.

Not including all required roles in the CQI committee may risk potential relevant feedback not being included to assist the home in their CQI initiatives or outcomes.

Sources:

interview with Administrator, Quality Improvement Committee Minutes for the last three quarters.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
10. One member of the home's Family Council, if any.

The licensee failed to ensure their continuous quality improvement (CQI) committee was composed of at least the following persons: one member of the home's Family Council as an attendee.

Rationale and Summary

The home's Quality Improvement Committee meeting minutes attendees list for the last three quarters did not include one member of the home's Family Council.

The Administrator acknowledged that their Quality improvement team did not include all required members as legislated per O. Reg. 246/22.

Not including all required roles in the CQI committee may risk potentially relevant feedback not being included to assist the home in their CQI initiatives or outcomes.

Sources:

interview with Administrator #101, Quality Improvement Committee Minutes for the last three quarters.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 1.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
1. The name and position of the designated lead for the continuous quality improvement initiative.

The licensee failed to ensure that the home's Continuous Quality Improvement (CQI)

Initiative contained the name and position of the designated lead.

Rationale and Summary

The Fordwich Quality Improvement Annual Review 2022 report did not include the name and position of the designated lead.

The Administrator/CQI lead confirmed that the lead was not identified on the report.

Failing to document the designated lead for the initiative in the CQI report posted to the home's website was a missed opportunity to ensure residents, their families, Council members, and staff of the home were aware of who to contact with any concerns.

Sources:

Fordwich Quality Improvement Annual Review 2022, and interview with the Administrator.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 4.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following

information:
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.

The licensee failed to ensure that a written description of the process to monitor and measure progress, identify and implement adjustments and communicate outcomes for the identified priority areas for quality improvement for the next fiscal year were included in the their annual quality improvement report (CQI) 2022.

Rationale and Summary

The Fordwich Quality Improvement Annual Review 2022 report dated February 18, 2023 included data analysis of quality indicators, the home's priority areas for quality improvement and goals for 2023.

No written descriptions of the processes the home would use to monitor and measure progress, identify and implement adjustments or communicate outcomes for the identified priority areas were noted in the annual CQI report specific to the above initiatives.

The administrator acknowledged that the home needs to improve the document to include ways to monitor and measure progress in relation to the initiatives.

Failing to document descriptions of the processes the home would use to monitor and measure progress, identify and implement adjustments or communicate outcomes for the identified priority areas could lead to inconsistencies in interpretation of their CQI data, communication strategies and outcomes.

Sources:

The Fordwich Quality Improvement Annual Review 2022, interview with Administrator #101.

[674]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (3)
Continuous quality improvement initiative report
s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

The licensee failed to ensure that a copy of the Continuous Quality Improvement (CQI) report was provided to the Residents' Council and Family Council.

Rationale and Summary

Minutes from the Residents' Council meetings and the Family Council meetings for the last three scheduled meetings did not indicate that the CQI report had been shared with the Councils.

Administrator (ADM)/CQI Lead reported the CQI report had not been shared with either of the Councils.

Sources:

Residents and Family Council meeting minutes. Interview with ADM.

[674]

WRITTEN NOTIFICATION: Orientation

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (b)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(b) modes of infection transmission;

The licensee failed to ensure that two staff received training on modes of infection transmission during orientation.

Rationale and Summary

Two staff did not receive training from the home during orientation on modes of infection transmission. Their education status from SURGE learning report showed IPAC training as not completed during orientation.

IPAC lead, and Director of Care (DOC) stated staff had not completed IPAC education during orientation on modes of infection transmission.

Failure to ensure that IPAC training was completed for staff related to modes of

infection transmission may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #013 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (c)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(c) signs and symptoms of infectious diseases;

The licensee failed to ensure that staff received training on signs and symptoms of infectious diseases during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education on signs and symptoms of infectious diseases which was acknowledged by the Director of Care (DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to signs and symptoms of infectious diseases may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #014 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(d) respiratory etiquette;

The licensee failed to ensure that two staff received training on respiratory etiquette during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education on respiratory etiquette which was acknowledged by the Director of Care (DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to respiratory etiquette may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report 2023, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #015 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (e)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(e) what to do if experiencing symptoms of infectious disease;

The licensee failed to ensure that two staff received training on what to do if experiencing symptoms of infectious disease during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education on what to do if experiencing symptoms of infectious disease which was acknowledged by the Director of Care

(DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to what to do if experiencing symptoms of infectious disease may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #016 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (f)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(f) cleaning and disinfection practices;

The licensee failed to ensure that two staff received training on cleaning and disinfection practices during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education cleaning and disinfecting practices which was acknowledged by the Director of Care (DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to cleaning and disinfection practices risk knowledge deficits for staff which could lead to potential may result in of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report 2023, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #017 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (g)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(g) use of personal protective equipment including appropriate donning and doffing

The licensee failed to ensure that two staff received training on use of personal protective equipment including appropriate donning and doffing during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education on appropriate donning and doffing of equipment which was acknowledged by the Director of Care (DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to use of personal protective equipment including appropriate donning and doffing may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report 2023, interviews with IPAC lead/DOC, staff

[706119]

WRITTEN NOTIFICATION: Orientation

NC #018 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)
Orientation
s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee failed to ensure that two staff received training on handling and disposing of biological and clinical waste including used personal protective equipment during orientation.

Rationale and Summary

Refer to b) for background.

Two staff were not provided orientation education on handling and disposing of biological and clinical waste including used personal protective equipment which was acknowledged by the Director of Care (DOC)/IPAC Lead.

Failure to ensure that IPAC training was completed for staff related to handling and disposing of biological and clinical waste including used personal protective equipment may result in knowledge deficits for staff which could lead to potential risk of transmission of pathogens or infections for residents.

Sources:

SURGE Learning Education Status Report, interviews with IPAC lead/DOC, staff

[706119]