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

Original Public Report

Report Issue Date: November 2, 2023	
Inspection Number: 2023-1102-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: Clurelea Ltd.	
Long Term Care Home and City: Good Samaritan Nursing Home, Alliston	
Lead Inspector Katherine Adamski (#753)	**Inspector Digital Signature** Katherine Adamski Digitally signed by Katherine Adamski Date: 2023.11.07 08:50:34 -05'00'
Additional Inspector(s) Kaitlyn Puklicz (#000685)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16-20, 24-26, 2023

The following intake(s) were inspected:

- Intake: #00098854 - related to a Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
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)
O. Reg. 246/22, s. 20 (a)

Upon making the Administrator aware of the safety risk and improperly functioning call bells, action was taken to roll up and pin the old call bell cords to the wall, and signs were placed at each resident bedside and bathroom to indicate only the new system was to be used.

On October 24, 2023, two resident call bells were tested and functioning properly.

Sources: Observations, interviews with the Administrator and other staff. [#000685]

Date Remedy Implemented: October 24, 2023

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that there was a written plan of care for a resident that set out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

A resident required new interventions related to a skin concern. The Director of Care (DOC) stated that the new interventions should be documented in the resident's care plan, and they were not.

Observations of the resident showed the interventions were not implemented.

When a resident's plan of care did not provide clear directions to staff related to a new intervention, the intervention was not implemented, as required.

Sources: observations, a resident's care plan, kardex, POC documentation, skin and wound assessments, interviews with the DOC and other staff. [#753]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (4)

The licensee failed to seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey.

Rationale and Summary

The home distributed Resident/Family Satisfaction Surveys in the Spring of 2023.

Resident Council Meeting Minutes from January to September 2023 showed that Resident/Family Satisfaction Surveys were not discussed.

A Resident Council Attendee stated that the home had not sought the advice of the Residents' Council in creating the most recent survey. The Resident's Council Liaison was not able to determine when Resident's Council was provided the opportunity to provide feedback on the survey questions.

Sources: Resident Council Meeting Minutes January to September 2023, interviews with resident's and the Resident's Council Liaison. [#753]

WRITTEN NOTIFICATION: Duty to Respond

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)

When the Residents' Council had advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1) related to the snack cart, the licensee failed to, within 10 days of receiving the advice, respond to the Residents' Council in writing.

Rationale and Summary

Residents' Council had advised the licensee of the recommendation for staff to alternate which end of

the hallway snacks were distributed citing concerns with snack availability/variety.

A Resident Council Attendee stated that snack cart distribution was an ongoing concern that was not resolved. A Personal Support Worker (PSW) stated that they distributed snacks in the same direction each time, and that they were not provided any instruction for alternating the direction of snack distribution.

The Activity Director stated that the snack distribution recommendation/concern was not written and a response was not provided in writing to Resident's Council because only complaints were being written on the forms at this time.

When recommendations were not written on the Home Resident Council Response Form, there was no record of the response to Resident's Council or follow-up actions taken by the home in response to the recommendation.

Sources: Resident Council Meeting Minutes January 2023, interviews with a resident, the Activity Director and other staff. [#753]

WRITTEN NOTIFICATION: Licensee Obligations if No Family Council

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 65 (7) (b)

The licensee failed to convene semi-annual meetings to advise residents' families and persons of importance to residents of the right to establish a Family Council.

Rationale and Summary

There was no Family Council established in the home, and the home did not convene meetings semi-annually to advise residents' families and persons of importance to residents of the right to establish a Family Council resulting in a lost opportunity to promote the establishment of a Family Council in the home.

Sources: Interviews with Activity Director and Administrator. [#753]

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) (b) (i)

The licensee failed to ensure that a resident who had a skin concern, received interventions to promote healing, as required.

Rationale and Summary

A resident required a specific type of intervention related to a skin concern.

Documentation showed that the intervention was in place during a specified timeframe, however, observations and video surveillance data did not support that the intervention was in place.

When the intervention related to a resident's skin concern was not in place, this may have impacted healing of the skin concern.

Sources: observations and review of video surveillance data, a resident's care plan and POC documentation, interviews with the DOC and other staff. [#753]

WRITTEN NOTIFICATION: Infection Prevention and Control (IPAC) Program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)

The licensee failed to ensure that all staff participated in the implementation of the home's IPAC program.

Rationale and Summary

The home's policy Routine Practices, effective May 2023, stated that multi-use equipment that had been in contact with a resident should be cleaned and disinfected with a hospital grade disinfectant before being used with another resident.

Two PSW's did not disinfect shared multi-use equipment in between resident uses using the procedure required by the home's Routine Practices policy.

Sources: Observations, the home's policy Routine Practices (effective May 2023), interview with the Administrator and other staff. [#000685]

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative Report

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (1)

The licensee failed to prepare a report on the home's continuous quality improvement (CQI) initiatives for the 2023 fiscal year.

Rationale and Summary

The Fixing Long-Term Act, 2021, and O. Reg. 246/22 came into effect on April 11, 2022. As per O. Reg. 246/22 s. 168 (1), it states that every licensee of the long-term care home (LTCH) shall prepare a report on the CQI 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.

The Administrator acknowledged that the home did not prepare the required CQI report.

Sources: The home's 2022 Interim CQI Report, interview with the Administrator. [#753]