

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: September 19, 2024
Inspection Number: 2024-1331-0002
Inspection Type: Critical Incident
Licensee: Unger Nursing Homes Limited
Long Term Care Home and City: Hampton Terrace Care Centre, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 30, 2024, September 4-6, 2024, and September 9, 2024.

The following intake(s) were inspected:

- Intake: #00111317/Critical Incident (CI) # 2846-000005-24 related to Falls Prevention and Management.
- Intake: #00115096/CI# 2846-000006-24 related to Infection Prevention and Control.
- Intake: #00122037/CI# 2846-000007-24 related to Falls Prevention and Management.

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

- Infection Prevention and Control
- Falls Prevention and Management

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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. 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 licensee has failed to ensure that the medication cart in a resident living area was secure and locked.

Rationale and Summary:

Staff was administering medication to residents in the hallway of a resident living area.

Staff left the medication cart unattended and unlocked when they assisted another resident. It was observed that residents were within proximity to the cart at the time. One resident approached the cart placing a used cup on top.

Failure to ensure the medication cart was secured could result in resident's accessing medications.

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Staff was observed to swiftly return to the cart. Upon completing administering medication, the cart and screen were locked and secured.

Staff acknowledged that the medication cart should have been locked and secured when left unattended.

Sources: Observations, interview with staff

Date Remedy Implemented: August 30, 2024

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed, and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that the plan of care for a resident was reviewed and revised when they were assessed to be a higher falls risk.

Rationale and Summary

A Critical Incident System report was submitted related to a resident's fall.

The resident's plan of care indicated that their falls risk changed from moderate to high. There was no documentation to support that their plan of care was reviewed

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and revised when their care needs regarding their level of falls risk increased.

Registered staff confirmed that there were no changes to the resident's falls prevention interventions when their level of falls risk increased. They further acknowledged that there were no corresponding reviews or revisions to their plan of care to address the resident's assessed increased risk for falls.

Failing to review and revise the plan of care when the resident was assessed to be at a higher risk for falls placed them at a greater risk for falls injuries at the time of their fall, which resulted in an injury.

Sources

Resident's clinical record and staff interviews.

WRITTEN NOTIFICATION: Falls Prevention and Management

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

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee failed to ensure that a post-fall assessment using a clinically appropriate assessment instrument was conducted to address a resident's unwitnessed fall.

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Rationale and Summary

A Critical Incident System report was submitted related to resident's fall.

The resident's progress notes indicated that their fall was unwitnessed and an HIR was not initiated. The long-term care home's (LTCH) Fall Prevention & Management Policy indicated that an HIR is initiated for post-falls as per policy, if applicable.

Registered staff clarified that an HIR should be automatically initiated for unwitnessed falls. They acknowledged that an HIR was not initiated for this resident.

Failing to ensure that a post-fall assessment using a clinically appropriate assessment instrument was conducted relating to this resident's unwitnessed fall posed a potential increased safety risk.

Sources

Resident's clinical record, staff interview and home's Fall Prevention & Management program policy.

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

The licensee shall:

- 1) Provide education for a registered staff member regarding routine hand hygiene practices, including practices specific to medication administration.
- 2) Document and retain records of the above education including the date and who provided the education.
- 3) Conduct daily hand hygiene audits specifically related to medication administration. Document the date, who completed the audit, non-compliances and corrective action taken. Complete for three weeks. Audit records must be kept and readily available for inspector to review.

Grounds

The licensee has failed to implement the standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, section 9.1, indicates that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. Routine practices at minimum include hand hygiene, including but not limited to the four moments of hand hygiene.

Rationale and Summary

Registered staff as observed administering medication to three separate residents.

Staff was observed to prepare medication and a drink for a resident. After administering the medication staff returned to the cart with the used medication instrument and cup. Staff then prepared medication and a drink for a second resident. After administering the medication staff returned to the cart to prepare a

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third resident's medication. Staff administered the medication and returned to the cart.

Throughout the observation staff did not perform hand hygiene in between contact with the residents.

The home's policy 'Hand Hygiene Program' includes a comprehensive Hand Hygiene Program that incorporates the Five Moments of Hand Hygiene, including but not limited to performing hand sanitizing practices before initial resident or resident environment contact, after touching a resident or a resident's surroundings and after body fluid exposure risk. In addition, it incorporates staff hand hygiene practices that include but are not limited to hand sanitizing practices before preparing, handling, serving, and feeding a resident and after contact with items likely to be contaminated with respiratory secretions.

During an interview with staff, they indicated it was routine practice to perform hand hygiene before and after administering medication to each resident.

Failing to follow additional precautions IPAC practices increased risk of infectious disease transmission to residents.

Sources: Observations, interview with staff, LTCH's policy 'Hand Hygiene Program' (IC 03-02-01) Revised June 2023.

This order must be complied with by December 6, 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
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438 University Avenue, 8th Floor
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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.