

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: September 28, 2023	
Inspection Number: 2023-1224-0005	
Inspection Type: Complaint Critical Incident	
Licensee: Gibson Holdings (Ontario) Ltd.	
Long Term Care Home and City: Helen Henderson Nursing Home, Amherstview	
Lead Inspector Kayla Debois (740792)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): September 14, 19, 20, 21, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00091424 [CI: 2728-000006-23] - Fall of resident, sustained an injury. • Intake: #00094946 - Complaint regarding continence care, clean linen. <p>The following intake was completed in this inspection: Intake: #00090325, CI: 2728-000005-23 was related to a fall.</p>

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

- Continenence Care
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Falls Prevention and Management

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

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. 95 (1) (a) (i)

The licensee has failed to ensure a resident's bed linens were changed more often as needed.

In the morning on a day in September 2023, Inspector observed a resident's bed unmade, with visible stains on the fitted sheet. In the afternoon on this day, the resident's bed was made with clean sheets.

In an interview, a Personal Support Worker (PSW) stated they did not realize the resident's bed was soiled and had just changed the sheets later that afternoon.

Sources:

Observations of Inspector #740792, interview with a PSW.

[740792]

Date Remedy Implemented: September 19, 2023

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the falls prevention intervention for a resident set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary:

Review of the current care plan on PointClickCare (PCC), indicated that a resident was at risk for falls and

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

was to have the call bell pinned to their gown when in bed. On a day in September 2023, the resident was awake in their bed and the call bell was on the floor, unable to be accessed by them.

In an interview, a Registered Practical Nurse (RPN) acknowledged that the call bell was not supposed to be on the floor and then placed the call bell in the resident's hand.

Failing to ensure a resident's plan of care in relation to falls is followed can increase the risk of injury to the resident.

Sources:

Care plan of the resident, interview with an RPN.

[740792]

WRITTEN NOTIFICATION: Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the documentation for the toileting of a resident was completed.

Rationale and Summary:

Review of the toileting flow sheets on PCC for a six week period indicated that the resident was missing toileting documentation during the day shift on eight days in August 2023, and twelve days in September 2023. Toileting documentation during the evening shift was missing for nineteen days in August 2023, and eleven days in September 2023.

In interviews, a PSW and the Director of Care (DOC) stated that the PSW's complete the care, but do not always have the time to complete toileting documentation in Point of Care (POC).

Failing to ensure a resident's care is documented can increase the risk of uncertainty whether the care was completed or not.

Sources:

Daily toileting documentation for a resident, interview with a PSW and the DOC.

[740792]

Ministry of Long-Term Care

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

Ottawa District

347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (a)

The licensee failed to comply with their written procedure related to the continence program for a resident.

In accordance with O. Reg 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to continence care of a resident is complied with.

Specifically, staff did not comply with the Elimination-Continence program (revised May 2022): obtain a detailed history of the client's incontinence using the Continence Assessment in PCC. Assessment is to be completed on admission and yearly thereafter unless a significant continence change in the resident's condition occurs.

Rationale and Summary:

The resident was admitted to the home on a day in May 2023. According to the assessments on PCC, a continence care assessment was opened on the day they were admitted, but not completed. A resident assessment instrument-minimum data set (RAI-MDS) initiated on the same day indicated that the resident was incontinent of urine upon admission.

In an interview, an RPN confirmed that the continence care assessment is completed within PCC on admission. The RPN then confirmed that this assessment for the resident was not completed as per the home's policy.

By not ensuring the written procedure related to continence care was complied with, the resident's toileting/elimination needs may not have been identified in a timely manner.

Sources:

Electronic health record of the resident, Elimination-Continence Program (revised May 2022), interview with an RPN.

[740792]