

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

Public Report

Report Issue Date: January 3, 2025

Inspection Number: 2024-1393-0006

Inspection Type:

Complaint
Critical Incident

Licensee: Henley House Limited

Long Term Care Home and City: The Henley House, St Catherines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 5-6, 9-11, 13, 16-17, 19, 2024

The following intake(s) were inspected:

- Intake #00125022 - related to improper/incompetent treatment.
- Intake #00128820 - related to skin and wound care and infection prevention and control program.
- Intake #00130256 - related to improper/incompetent treatment.
- Intake #00130569 - related to falls prevention and management.
- Intake #00133569 - related to prevention of abuse and neglect.

The following intake(s) were completed in this inspection:

- Intake #00125669 - related to falls prevention and management.
- Intake #00127581 - related to falls prevention and management.

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

Skin and Wound Prevention and Management

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Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 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 has failed to ensure that a resident was reassessed and that their plan of care was reviewed and revised related to pain, mobility and level of assistance with activities of daily living (ADLs).

Rationale and Summary

On a specified date, a resident had a new onset of significant pain. Their transfer method was changed and then they were kept in bed due to worsening pain. On a later date, the resident was diagnosed with an injury that required medical attention. The resident's care plan was not reviewed or revised between the two dates.

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The resident was at risk of pain as the direction of how to assist with the resident's ADLs was not updated for front line staff.

Sources: Resident's clinical records and staff interviews.

WRITTEN NOTIFICATION: Duty to protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee failed to ensure that a resident was protected from neglect.

For the purposes of the Act and this Regulation, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Rationale and Summary

On a specified date, a resident had a sudden onset of significant pain and was later diagnosed with an injury that required extensive medical attention. There were no reports that the resident sustained a fall during this time period. At the time of inspection it remained an injury of unknown cause.

On a specified date, a referral was sent to care providers that the resident had bruising to another area of their body but did not identify the new onset of pain. The physician was not immediately notified about the resident's change in condition and

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saw the resident on a later date. The physician identified the resident was having pain and ordered an x-ray though the x-ray was not completed on a later date despite the x-ray technician being in the home as it was not flagged as high priority. No comprehensive pain assessments were completed during this time period. The resident's plan of care used to communicate to front line staff was not updated and revised when the resident's transfer status increased and when they became non-weight bearing and kept the resident in bed due to pain.

The pattern of inaction jeopardized the resident's well-being and delayed the diagnosis and treatment of their fracture.

Sources: Resident clinical records and interviews with staff.

WRITTEN NOTIFICATION: Required information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (l)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(l) copies of the inspection reports from the past two years for the long-term care home;

The licensee has failed to ensure that the required information was posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, specifically relating to copies of the inspection reports from the past two years for the long-term care home.

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Rationale and Summary

On an identified date, an Inspector attempted to locate the public inspection reports posted in the home in order to refer the Resident Council President to the location where the inspection report from this inspection will be posted in the future. The Inspector was unable to locate the any posted reports.

On the same day, the DOC confirmed the public inspection reports were not posted in the home.

Sources: Observation and DOC interview.

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) (g)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and

The licensee has failed to ensure that a resident had sufficient changes to remain clean, dry and comfortable.

Rationale and Summary

On a morning shift on a specified date, a direct care staff observed a resident's clothing and bedding were soiled with bodily fluids. The direct care staff stated the resident required care immediately and their mattress required disinfection due to

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volume of bodily fluids. The direct care staff reported their findings to a registered staff. The registered staff and DOC stated the secretions were expected given the resident's health condition, however the resident should have remained clean, dry and comfortable.

Documentation review indicated the resident was provided care as required however interviews with staff and staff observations acknowledged the resident was not provided sufficient changes at the required times. The resident required continence care every shift and on an as needed basis to remain clean, dry and comfortable.

When the resident was not provided sufficient changes to remain clean, dry and comfortable, there were at risk of discomfort and infection.

Sources: Interviews with staff and review of resident's clinical record.

COMPLIANCE ORDER CO #001 Pain management

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

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

The licensee shall:

1) Educate all registered nursing staff who worked on a particular home area during an identified date range, on the following:

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- The home's pain management program policy.
- Pain assessment tools available in the home, including what communication and assessment methods are available for residents who are unable to communicate their pain or who are cognitively impaired as well as when a comprehensive pain assessment is required.
- When an immediate referral is indicated for the Physician or Nurse Practitioner related to a residents pain management.

2) Maintain a record of who was required to complete the education and a sign off of each individual who completed the education, including the date it was done.

3) Maintain a record of what education was provided.

Grounds

The licensee has failed to ensure that a resident's pain was reassessed using a clinically appropriate assessment instrument when their pain was not relieved by initial interventions.

Rationale and Summary

On a specified date, registered staff documented that a resident had a new onset of pain and was provided with a dose of as needed pain medication. During routine morning care by the direct care staff it was identified the resident's pain was not relieved. When direct care staff were providing care, the resident was described as being in agony. Direct care staff sent a documented alert to the registered staff.

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The staff increased the resident's transfer method and then kept the resident in bed due to worsening pain. On a specified date, the resident was diagnosed with an injury that required medical attention.

The resident was prescribed a pain medication for chronic pain prior to this incident. No other as needed pain medication was administered after the first dose until the resident received medical attention for the new onset of pain. The pain scale in the medical administration record and the pain assessment in the point of care record were not congruent.

The resident was cognitively impaired and experienced confusion. In an interview with the DOC it was confirmed that no comprehensive pain assessments were completed during an identified time frame, and that the home's comprehensive assessment tool contained methods for assessing residents' pain who are unable to communicate their pain or who are cognitively impaired.

The resident's pain was not relieved by initial interventions and they were put at further risk of unmanaged pain.

Sources: Resident clinical records and staff interviews.

This order must be complied with by: January 31, 2025

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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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.