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

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Original Public Report

Report Issue Date: August 12, 2024
Inspection Number: 2024-1560-0003
Inspection Type: Proactive Compliance Inspection
Licensee: Corporation of the County of Huron
Long Term Care Home and City: Huronview Home for the Aged, Clinton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
July 23, 25, 26, 29, 30 and 31, 2024
August 1 and 2, 2024

The inspection occurred offsite on the following date(s):
July 24, 2024

The following intake(s) were inspected:

- Intake: #00121044 - Proactive Compliance Inspection - 2024

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils
Medication Management

Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Continuous Quality Improvement Initiative

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 42

Continuous quality improvement

s. 42. Every licensee of a long-term care home shall implement a continuous quality improvement initiative as provided for in the regulations.

The licensee has failed to implement a continuous quality improvement initiative as provided for in the regulations.

Rationale and Summary

The home had a Quality Improvement Plan (QIP) Narrative and QIP Workplan each dated April 2, 2024, posted on their website.

The Administrator stated the home did QIP's according to Ontario Health and did not have a continuous quality improvement initiative according to the regulations. The Administrator stated the home was in the preliminary stages of establishing a

continuous quality improvement initiative.

Sources: Administrator interview, QIP Narrative, QIP Workplan

WRITTEN NOTIFICATION: Duty to respond

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond to concerns of the Residents' Council in 10 days, in writing.

Rationale and Summary

The Residents' Council Assistant and the Food Committee Assistant were unaware of the expectation to respond to concerns or recommendations of the council or committee within 10 days, in writing.

The residents' council meeting minutes for April 22, 2024, identified a concern by a resident that a plant in the courtyard may have been poisonous. The meeting minutes from May 27, 2024, identified that the council was updated during the meeting regarding the plant, informing that it was not poisonous.

The Residents' Council Assistant explained that the concern was addressed promptly after the April meeting and the individual resident who raised the concern had been followed up with verbally at that time. Additionally, the council was updated on the matter at the following meeting in May. However, the residents'

council was not responded to within 10 days, in writing.

There was a risk that residents would be unaware of what was done to address the concerns or recommendations of the council, when they were not responded to as expected.

Sources: Staff interviews, residents' council meeting minutes.

WRITTEN NOTIFICATION: Policies

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act.

The licensee failed to ensure the pain management program policy was in compliance with all applicable requirements under the Act.

Rationale and Summary
Ontario Regulation (O. Reg.) 246/22 s. 34. (1) states, every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation, there must be a written description of the program that includes its goals and objectives and

relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

O. Reg. 246/22, s. 53. (1) (4) states, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home, a pain management program to identify pain in residents and manage pain.

O. Reg. 246/22, s. 57. (2) states, 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 Pain Management Program policy documented, "upon admission, annually and with any significant change of health status, the interdisciplinary team, in collaboration with the resident and/or Substitute Decision Maker (SDM) will complete the appropriate comprehensive pain assessment in Point Click Care based on cognitive status at the time of assessment."

The Director of Care (DOC) and the Administrator verified the pain management program policy should include a procedure when a resident's pain was not relieved by initial interventions, the resident was to be assessed using a clinically appropriate assessment instrument specifically designed for this purpose. The DOC stated the policy needed to be reviewed and updated to include all applicable requirements under the Act.

Sources: resident clinical record reviews, policy review and staff interviews.

WRITTEN NOTIFICATION: Nursing and Personal Support Services

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

Non-compliance with: O. Reg. 246/22, s. 35 (4)

Nursing and personal support services

s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee failed to ensure that a written record relating to each evaluation under clause (3) (e) included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Rationale and Summary

Ontario regulation 246/22, s. 35 (3) (e) The staffing plan must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

There was no documented record of a staffing plan evaluation in 2024.

The Administrator stated there was no written record of a staffing plan evaluation and there was no formal process to keep a written record related to each staffing plan evaluation that included the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Sources: record review of the staffing plan and back up plan, and staff interview.