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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5

Original Public Report

Report Issue Date: August 15, 2024
Inspection Number: 2024-1160-0002
Inspection Type: Complaint Critical Incident
Licensee: Revera Long Term Care Inc.
Long Term Care Home and City: Kennedy Lodge, Scarborough

INSPECTION SUMMARY

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

The following intakes were inspected in this critical incident inspection:
- Intake: #00114841 – Critical Incident (CI) 2654-000011-24 and Intake: #00123060 – CI 2654-000018 related to the management and prevention of falls
- Intake: #00117230 – CI 2654-000015-24 related to Infection Prevention and Control (IPAC)

The following intake was inspected in this complaint inspection:
- Intake: #00122745 related to improper care and the management and prevention of falls

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

Infection Prevention and Control
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 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in a resident's plan of care was provided as specified in the plan.

Rationale and Summary

A resident had a fall and sustained an injury. The resident's care plan stated that staff were to place the resident in an area where they could be monitored as a falls prevention intervention.

A Personal Support Worker (PSW) stated after getting the resident up they did not place them in an area as specified in the care plan as they had not read the care plan.

Interviews with the Interim Executive Director (ED) and the Director of Care (DOC) confirmed that the PSW did not provide the care as specified in the plan.

Failing to provide the care as specified in the plan of care resulted in the resident sustaining a fall with injury.

Sources: A resident's care plan, progress notes, home's investigation notes and interviews a PSW and other staff.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure a PSW documented the provision of the care set out in the plan of care for a resident.

Rationale and Summary

A resident had a fall and sustained an injury. The resident indicated they wanted assistance with an activity of daily living (ADL), but the PSW refused. According to the PSW, they assisted the resident with this activity of daily living. There was no documentation that this occurred.

The resident's care plan indicated that an alerting device was to be implemented. Interviews with staff indicated the resident's device was not activated when the resident was found. The PSW indicated they did not remember seeing the device and could not recall if they had checked it. There was no documentation that the device was in place and in working order.

An Assistant Director of Care and the DOC confirmed that the above actions were not documented.

Failing to document the care provided impacted the home's ability to investigate and determine what steps were necessary to prevent reoccurrence.

Sources: A resident's care plan, progress notes, documentation survey report, and interviews with staff.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (b)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(b) ensure that the written procedures include information about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry; and

The licensee has failed to ensure that the written complaints procedures included information about how to make a complaint to the patient ombudsman under the Excellent Care for All Act, 2010 and to the Ministry.

Rationale and Summary

The home's procedure did not contain the above-mentioned information. The Interim ED confirmed that the policy needed to be updated to include how to make a complaint to the patient ombudsman and the Ministry.

Sources: The home's procedure LTC-Management of Concerns, Complaints, Compliments and Requests, ADMIN3-O10.01 reviewed March 31, 2024, and an

interview with the Interim ED.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that improper care of a resident that resulted in harm was immediately reported to the Director.

Rationale and Summary

A resident had a fall and sustained an injury. The home conducted an investigation and found that a PSW failed to follow the resident's plan of care which resulted in an injury. The DOC and Interim ED confirmed the home had reasonable grounds to suspect that improper care occurred and should have immediately reported this to the Director.

Failing to immediately report this incident of improper care put the resident at risk for further harm as the Director could not respond to ensure appropriate measures had been taken to prevent reoccurrence.

Sources: A resident's progress notes, the home's investigation notes and interviews with management.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (2)
Dealing with complaints
s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint;
(b) the date the complaint was received;
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;
(d) the final resolution, if any;
(e) every date on which any response was provided to the complainant and a description of the response; and
(f) any response made in turn by the complainant.

The licensee has failed to ensure that a documented record was kept of a complaint regarding improper care.

Rationale and Summary

A resident had a fall and sustained an injury. The resident's substitute decision-maker (SDM) was concerned that the reason for the fall involved a PSW failing to provide proper care by not following the care plan. The home conducted an investigation and found that the SDM's concerns were verified.

The home's quarterly analysis of complaints did not include a record of this complaint. The DOC and Interim ED confirmed that this should have been recorded as a complaint to be tracked and analyzed.

Sources: A resident's progress notes, the home's investigation notes, quarterly analysis of complaints and interviews with management.