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

Central East District
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Original Public Report

Report Issue Date: April 28, 2023	
Inspection Number: 2023-1048-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Poranganel Holdings Limited	
Long Term Care Home and City: King City Lodge Nursing Home, King City	
Lead Inspector Eric Tang (529)	**Inspector Digital Signature** Eric Tang Digitally signed by Eric Tang Date: 2023.05.01 14:50:32 -04'00'
Additional Inspector(s) Amandeep Bhela (746)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 12-14, 17-20, 2023.

The following intake(s) were inspected:
- An intake related to a Proactive Compliance Inspection

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

Admission, Absences and Discharge
Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Pain Management
Prevention of Abuse and Neglect
Quality Improvement
Residents' and Family Councils
Residents' Rights and Choices
Resident Care and Support Services
Safe and Secure Home
Skin and Wound Prevention and Management

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)
FLTCA, 2021, s. 85 (3) (c)

Non-Compliance with: FLTCA 2021., s. 85 (3) (c)

The licensee has failed to ensure that the home's policy to promote zero tolerance of abuse and neglect of residents was posted in the home.

The inspector observed that the home's policy to promote zero tolerance of abuse and neglect of resident was not posted anywhere in the home on April 12, 2023.

The Administrator acknowledged that the above mentioned policy was not posted in the home, they checked the area and indicated that they will immediately post it.

Sources: Observation, interview with the Administrator. [746]

Date Remedy Implemented: April 13, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 265 (1) 10.

Non-Compliance with: O. Reg. 246/22, s. 265 (1) 10

The licensee has failed to ensure that the home's visitor policy was posted in the home.

The inspector observed that the home's visitor policy was not posted anywhere in the home on April 12, 2023.

The Administrator acknowledged that the above mentioned policy was not posted in the home. They checked the area and indicated that they will immediately post it.

Sources: Observation, interview with the Administrator. [746]

Date Remedy Implemented: April 13, 2023

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 23 (4)

The licensee has failed to ensure that the infection prevention and control (IPAC) lead worked regularly in that position on-site at the home for at least 17.5 hours per week.

Rationale and Summary

During the course of the inspection, the home's identified IPAC lead also worked as the Director of Clinical Care and Quality. The home is currently licensed for 30 beds. The Director of Clinical Care and Quality confirmed that they were not meeting the required designated weekly hours as the IPAC lead. The home's Administrator indicated that they will be looking into assigning a designate who will be assigned IPAC as their primary role.

Failing to ensure the IPAC lead fulfilled their weekly hourly requirements had potential to impact the implementation of policies and procedures of the IPAC program, increasing the risk for the possible spread of infections in the home.

Sources: Home's resident census, and interview with the Director of Clinical Care and Quality/IPAC lead and Administrator/ Director of Nursing and Personal Care. [746]

WRITTEN NOTIFICATION: TRAINING

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (2)

The licensee failed to ensure that the Screener, was to be trained in all that is required under FLTCA s. 82 (1), including but not limited to the below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

Rationale and Summary

While conducting a Proactive Compliance Inspection (PCI), the inspector reviewed the Screener's education and onboarding documents provided by the Long-Term Care Home (LTCH). The Screener begun performing their responsibilities without receiving the above training.

The Screener indicated that they are a screener at the home and often times assist with delivering meals to residents, they further indicated that they did not receive formal training from the home. The Administrator confirmed that the home does have onboarding training for new hired staff however the screener did not receive the required training and onboarding.

This posed a risk to residents as the screener was performing their responsibilities without the required training and onboarding, such as infection control, fire safety and emergency evacuation.

Sources: Employee file, education records and interviews with Screener and Administrator. [746]

WRITTEN NOTIFICATION: DIRECTIVES BY MINISTER

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every operational Minister's Directive that applies to the long-term care home, the operational Minister's Directive was complied with.

Rationale and Summary

In accordance with the Minister's Directive, COVID-19 guidance document for long-term care homes in Ontario, the licensee was required to ensure that all staff comply with masking requirements at all times, even when they were not delivering direct resident care.

On April 12, 2023, a staff was observed entering the vestibule and signing in at the IPAD, without wearing a face mask. This staff member was in close proximity with two other staff members. The Inspector approached the staff in the vestibule and asked them to apply their mask. The staff indicated that they should have applied the mask as they were in close proximity with two individuals.

The Infection Prevention And Control (IPAC) lead confirmed it was mandatory to wear a face mask when entering the vestibule area and in close proximity of others.

By the staff failing to wear a face mask as required, the risk of transmission of infectious disease increased.

Sources: Observations, COVID-19 guidance document for Long-term Care Homes in Ontario, last revised December 23, 2022, interviews with staff and the IPAC Lead. [746]

WRITTEN NOTIFICATION: DOORS IN A HOME

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee failed to ensure that all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

On April 12, 2023, the inspector observed a soiled utility room door with a broken keypad and a linen room door which was unlocked. The soiled utility room contained soiled items, a sharps bin and cleaning chemicals and the linen room contained linen, a ladder, and tools.

The Administrator acknowledged that the soiled utility room door and linen room door should be locked when not in use by staff so residents do not have access.

As a result, this put the resident’s safety at risk if they were to enter the unlocked rooms and obtained access to the identified items stored in the rooms.

Sources: Observation and interview with the Administrator. [746]

WRITTEN NOTIFICATION: GENERAL REQUIREMENTS FOR PROGRAMS: SKIN AND WOUND PROGRAM

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

The licensee failed to evaluate the skin and wound program.

Rationale and Summary

The home was not able to produce the evaluation of the program for the year 2022. The Administrator indicated the skin and wound program was not evaluated in 2022 and will be reviewed in 2023. As a result, there was a risk for residents' wellbeing and safety, as the home's program was not evaluated according to the current best practices.

Sources: Home's skin and wound binder and interview with the Administrator. [746]