

Inspection Report under
the *Long-Term Care
Homes Act, 2007*

Rapport d'inspection en vertu
de la Loi de 2007 sur les
foyers de soins de longue
durée

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

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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| Report Date(s) / Date(s) du rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|--|---------------------------------------|---------------------------|--|
| Dec 19, 2019 | 2019_541169_0024 | 018677-19, 022152-19 | Complaint |

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée

Fox Ridge Care Community
389 West Street BRANTFORD ON N3R 3V9

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

CYNTHIA DITOMASSO (528)

Inspection Summary/Résumé de l'inspection

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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 21, 22, 26, 27, 28, 29, December 3, 5, 9, 12, 2019 by Yvonne Walton Inspector #169.

Public report was finalized and printed by Cynthia Di Tomasso, Inspection Manager/A on August 5, 2020.

The following intake was completed in this complaint inspection: Log # 022152-19 related to skin and wound, nutrition and hydration and activities of daily living. The following follow-up intake was completed in this complaint inspection: Log # 018677-19 related to reporting of critical incidents.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Acting Director of Care (DOC), Resident Relations coordinator, Director of Dietary Services (FSM), Registered Dietitian (RD), Nurse Practitioner (NP), RAI Coordinator, Enterostomal Nurse (ET), Registered Nurses (RN), Registered Practical Nurses (RPN), Wound Nurse, Dietary Aides (DA), Personal Support Workers (PSW), Maintenance workers, residents and families.

During the course of the inspection, the inspector observed the clinical areas, dining areas, reviewed policies, minutes of meetings, medication areas and audits.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Critical Incident Response
Dining Observation
Nutrition and Hydration
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

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The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / DE L'INSPECTION | NO INSPECTOR ID #/ NO DE L'INSPECTEUR |
|----------------------------|------------------------------------|-----------------------------------|---|
| O.Reg 79/10 s. 107. (3) | CO #001 | 2019_556168_0013 | 169 |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order AMP – Administrative Monetary Penalty</p> | <p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités AMP – Administrative Monetary Penalty</p> |
| <p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> <p>AMP (s) may be issued under section 156.1 of the LTCHA</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> <p>AMP (s) may be issued under section 156.1 of the LTCHA</p> |

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that door frames and doors in resident rooms were maintained in a safe condition and in a good state of repair.

On November 21, 2019, several door frames and doors, were observed to have jagged edges and posed a safety risk to residents.

The door frames were observed to be capped with a plastic cover to reduce damage from wheelchairs, walkers and mechanical lifts hitting them. The plastic covers were observed to be damaged with broken, jagged, edges that were sticking out putting all residents at risk that were passing by them.

Several doors to washrooms and resident rooms were also installed with a kick plate to reduce damage to the doors from wheelchairs, walkers and mechanical lifts hitting them. They were observed to be separating from the door and bending outward causing a safety risk to residents.

These observations were confirmed with Maintenance Staff #109 and were repaired during the inspection. [s. 15. (2) (c)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements

Specifically failed to comply with the following:

s. 30. (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented. O. Reg. 79/10, s. 30 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

A) Resident #001 was assessed and a treatment was recommended. The treatment wasn't implemented and the discussions held with the SDM and the DOC, related to the treatment decisions, were not documented.

B) Observation of the noon meal November, 2019 revealed three residents documentation of actual fluids consumed was not completed accurately. Resident # 002, #003 and #004 were observed and all recorded intakes were documented higher than what was actually consumed.

The PSW confirmed the documentation was not accurate and reflective of what each resident actually consumed.

This was confirmed by the RD, FSM, RN and documentation.

The licensee failed to ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions were documented. [s. 30. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance that ensures that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius. O. Reg. 79/10, s. 21.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

On November, 2019, it was noted the window air conditioners remained installed in all three dining rooms.

Resident #005 and #006 were observed sitting in front of the window air conditioners and even with the units off, the residents stated they were cold and that it was always cold in the dining rooms. Temperatures were checked and noted to be 10 degrees Celsius outside and 19 degrees inside.

The home removed all the window air conditioners and is now monitoring the dining room temperatures. [s. 21.]

Issued on this 5th day of August, 2020

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.