

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

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: October 28, 2024	
Original Report Issue Date: October 3, 2024	
Inspection Number: 2024-1568-0002 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: City of Hamilton	
Long Term Care Home and City: Macassa Lodge, Hamilton	

AMENDED INSPECTION SUMMARY

This report has been amended to:
Rescind non-compliance (NC) #007 (Written Notification) due to new information being received after the inspection was completed. This NC is being rescinded in this Amended Inspection Report, with a served date of October 28, 2024. NC #001, #002, #003, #004, #005 and #006 are included in this report for reference, however, were not amended, therefore the served date remains October 3, 2024.

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The inspection occurred onsite on the following date(s): September 9-13, 16-17, 2024.

The following intake(s) were inspected:

- Intake: #00118963 - related to falls prevention and management.
- Intake: #00119921 - related to prevention of abuse and neglect.
- Intake: #00123643 - complaint related to prevention of abuse and neglect and care and services.

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

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

AMENDED 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)

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

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Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (ii) that is secure and locked,

The licensee has failed to ensure the resident's prescription creams were stored in an area or medication cart that is secure and locked.

Rationale and Summary

On a specified date, two medications were observed in a resident's room.

Two staff members both confirmed the resident's medications were being kept in the resident's room. A staff member confirmed there were no doctor's orders permitting the medications to be kept in the resident's room.

On a specified date, both medications were observed to be removed from the resident's room.

Sources: Observations of resident's room and interviews with staff.

Date Remedy Implemented: September 12, 2024

WRITTEN NOTIFICATION: Residents' Bill of Rights

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

Non-compliance with: FLTCA, 2021, s. 3 (1) 20.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

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20. Every resident has a right to ongoing and safe support from their caregivers to support their physical, mental, social and emotional wellbeing and their quality of life and to assistance in contacting a caregiver or other person to support their needs.

The licensee has failed to ensure a resident had ongoing and safe support from a staff member to support their mental, social and emotional well-being and their quality of life.

Rationale and Summary:

On a specified date, a staff member yelled at a peer in front of a resident. In a fact-finding meeting, the peer stated that the staff member got angry and yelled in front of residents. Other staff stated that the staff member yelled in front of multiple residents.

The staff member's letter of discipline stated that they were involved in a verbal altercation with a peer on a specified date. The staff member's Termination of Employment letter stated that their behaviour was unacceptable and caused agitation among residents. The DOC and Nurse Manager confirmed that the staff member's behaviour was in contravention of the Residents' Bill of Rights.

Failure to provide ongoing, safe support from the staff member posed significant risk to resident's mental, social and emotional well-being.

Sources: Staff interviews; the home's investigation package; critical incident report; the staff member's letter of discipline and letter of termination.

WRITTEN NOTIFICATION: Duty to Protect

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NC #003 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 has failed to ensure that a resident was protected from verbal abuse by a staff member.

Rationale and Summary

On a specified date, a peer witnessed a staff member yelling, using offensive language and making inappropriate comments to a resident. Several staff were witness to the staff member's verbal abuse to the resident. The home's investigation substantiated the abuse. In the home's fact-finding interview on a specified date, the staff member did not deny the allegations. At the time of the incident the staff member was issued a three-day suspension and has since been terminated.

The Director of Care and Nurse Manager confirmed that the staff member's behaviour towards residents was considered abuse.

Failure to protect the resident from verbal abuse, posed significant risk to their emotional well-being.

Sources: Critical incident report; the home's investigation package; staff interviews; interviews with the Director of Care and Nurse Manager; Prevention of Abuse and Neglect Policy.

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WRITTEN NOTIFICATION: Reporting Certain Matters to Director

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

Non-compliance with: FLCTA, 2021, s. 28 (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.
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
4. Misuse or misappropriation of a resident's money.
5. Misuse or misappropriation of funding provided to a licensee under this Act, the Local Health System Integration Act, 2006 or the Connecting Care Act, 2019.

The licensee has failed to immediately report verbal abuse of a resident by a staff member to the Director.

Rationale and Summary

According to FLCTA s. 154 (3), the licensee is vicariously liable for staff members who do not comply with section 28 (1).

On a specified date, a peer witnessed a staff member yelling, using offensive language and making inappropriate comments toward a resident. The peer did not report the verbal abuse until a later specified date when they sent an email to a Nurse Manager. The home's Zero Tolerance for Resident Abuse and Neglect Policy stated that all staff must immediately report any suspected or witnessed abuse to a

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supervisor.

Both the Director of Care and Nurse Manager confirmed that this was late reporting.

Sources: Investigation package; critical incident report; staff interviews; Zero Tolerance for Resident Abuse and Neglect Policy (dated 23/04/12); email to Nurse Manager.

WRITTEN NOTIFICATION: Conditions of Licence

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (3)

Conditions of licence

s. 104 (3) It is a condition of every licence that the licensee shall comply with this Act, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

The licensee has failed to ensure that they complied with the agreement made under the Connecting Care Act, 2019.

Specifically, the licensee did not complete a Resident Assessment Instrument - Minimum Data Set (RAI-MDS) Significant Change in Status Assessment for a resident within the required timeframes.

Rationale and Summary

The Long-Term Care Home Service Accountability Agreement (LSAA) entered into pursuant to the Connecting Care Act, 2019 with the Health Service Provider (HSP) required the licensee to conduct assessments of residents as per the RAI-MDS

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Tools, using the RAI-MDS Tools.

A resident experienced a fall on a specified date. They were transferred to the hospital due to a suspected injury and returned the same day with no confirmed injuries. On a specified date thereafter, they were sent to the hospital again following a confirmed injury. The resident's injury required surgical intervention and they returned to the home. Upon return, their care needs increased and they experienced changes in mood and behaviour patterns.

A review of the resident's assessment indicated no reassessment took place within the required timeframe. The RAI Coordinator acknowledged that the resident met the requirements for a reassessment which should have been completed accordingly.

Failing to complete a reassessment as required posed a risk of changes in care needs going unidentified.

Sources: Resident clinical records; RAI-MDS 2.0 User's Manual, Canadian Version, February 2012, LSAA April 2023 to March 2024; interview with the RAI Coordinator.

WRITTEN NOTIFICATION: Required Programs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)

Required programs

s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,

(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).

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The licensee has failed to comply with the pain management program.

In accordance with O. Reg. 246/22 s. 11 (1) (b), the licensee is required to ensure that the pain management program provided for assessment and reassessment instruments.

Specifically, staff did not comply with a policy under the home's pain management program.

Rationale and Summary

The home's policy titled Pain Management Program indicated that when pain was identified, staff were to initiate a three-day pain monitoring assessment and complete a summary at the end. If pain is indicated in the summary, staff were to then complete a comprehensive pain assessment.

A resident sustained a fall on a specified date and was experiencing pain. Staff initiated a three-day pain monitoring assessment. Review of the summary portion of the assessment showed that pain was indicated and to complete a comprehensive pain assessment. No comprehensive pain assessment was noted to be completed.

The DOC acknowledged that the comprehensive pain assessment was not completed and should have been.

Failing to ensure that staff complied with the home's policy under the pain management program posed a risk of resident's pain going unidentified.

Sources: Resident's clinical record; the home's policy titled Pain Management Program, last revised August 4, 2023; interview with the DOC.

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(A1)

The following non-compliance(s) has been amended: NC #007

WRITTEN NOTIFICATION: Resident Records

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 274 (b)

Resident records

s. 274. Every licensee of a long-term care home shall ensure that,

(b) the resident's written record is kept up to date at all times.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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