

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

Public Report

Report Issue Date: February 6, 2025

Inspection Number: 2025-1568-0001

Inspection Type:

Complaint
Critical Incident

Licensee: City of Hamilton

Long Term Care Home and City: Macassa Lodge, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 23-24, 27-31, 2025 and February 3-5, 2025.

The inspection occurred offsite on the following date(s): February 3, 2025.

The following intake(s) were inspected:

- Intake: #00132439 – related to a complaint regarding pain management, prevention of abuse and neglect.
- Intake: #00132597/CI #M552-000060-24 related to fall prevention and management.
- Intake: #00134609 /CI #M552-000066-24 related to infection prevention and control.
- Intake: #00136794 – related to a complaint regarding staffing, maintenance services, and transferring and repositioning.

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services

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Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Reporting and Complaints
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: When reassessment, revision is required

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that a resident was reassessed and their plan of care reviewed and revised when the resident's care needs changed related to bathing. A Registered Nurse (RN) stated a strategy was not removed from the plan of care when the resident's care needs changed.

Sources: clinical health record for the resident, including progress notes, care plan and bathing records; interview with the resident, RN.

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WRITTEN NOTIFICATION: Retraining

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

A. The licensee has failed to ensure that the persons who have received training in 2024 under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations as mandated in O. Reg. 259 (1) (2) - safe and correct use of equipment, including mechanical lifts that was relevant to the staff member's responsibilities in accordance with O. Reg. 246/22, s. 260 (1), the intervals for the purposes of subsection 82 (4) of the Act were annual intervals.

Staff training records, specific to annual re-training on safe lift and transfers, reflected that 8% of nursing staff did not complete their education in 2024.

Sources: Safe Lift and Transfers Annual Education records, Lift and Transfer Education Tracking; interviews with the Nursing Manager.

B. The licensee failed to ensure that all required staff received annual retraining on infection prevention and control in 2024, as mandated in O. Reg. 246/22 s. 259 (2). In accordance with O. Reg. 246/22 s. 260 (1), this education is required annually.

Staff training records for 2024, specific to annual retraining on infection prevention and control, showed that 9% of staff did not complete this education.

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Sources: Interview with Director of Nursing, Director of Food Services, and staff training records for 2024.

WRITTEN NOTIFICATION: Conditions of licence

NC #003 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.

A resident had a fall resulting in an injury. A significant change assessment was not completed after the injury. The resident had changes to more than one area of their health status, and their plan of care required revision.

Sources: the resident's clinical health record including progress notes, assessments, and care plan; Service Accountability Agreement with Macassa Lodge; RAI-MDS 2.0 User's Manual; Interview with the RAI-MDS Coordinator.

WRITTEN NOTIFICATION: Pain Management

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

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Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) 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 licensee failed to ensure a resident was assessed using a clinically appropriate pain assessment instrument when their pain was not relieved by initial interventions. Three-day pain monitoring was initiated when the resident exhibited increasing pain not relieved by as needed (prn) pain medication. The monitoring tool was only completed on one of the required nine shifts, resulting in the clinical pain assessment not being completed following the pain monitoring period.

Sources: a resident's clinical record, Pain Management Program policy, interviews with Nurse Manager and Registered Nurse (RN).

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

A. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented.

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The IPAC Standard for Long-Term Care Homes indicated, under section 9.1 f), that the licensee shall ensure that Additional Precautions were followed in the IPAC program, including appropriate selection application, removal and disposal of personal protective equipment (ppe).

Three staff members did not wear the appropriate ppe when providing care to residents.

Sources: observations of ppe donning; additional precaution signage; Routine Practices and Additional Precautions policy and procedure, interview with two PSWs, RN, and IPAC Lead.

B. The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated September 2023, was implemented. The IPAC Standard for Long-Term Care Homes indicated, under section 9.1 b), that the licensee shall ensure that Routine Practices were followed in the IPAC program, including hand hygiene, not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

Staff did not perform hand hygiene between handling a dirty item and clean items on the snack cart.

Sources: snack cart observation; interview with a PSW and IPAC Lead; hand hygiene policy and procedure.

WRITTEN NOTIFICATION: Medication Management System

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

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Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

A. The licensee failed to implement their medication administration policy, where the medication was to be documented on the electronic medication administration record (eMAR) upon administration. A Registered Practical Nurse (RPN) administered a medication to a resident as per an as needed (prn) order and did not document administration of the medication. As a result, the resident's pre-administration pain level and medication effectiveness were not documented.

Sources: a resident's medication record and medication administration record, medication administration policy, interview with RPN.

B. The licensee failed to implement their medication administration policy, where the medication was to be individually inspected and verified for correctness against the resident's eMAR. A RPN administered a medication as per a prn order and did not verify the medication for correctness against resident's eMAR.

Sources: Resident's medication record and eMAR, medication administration policy, interview with RPN.

C. The licensee failed to implement their medication administration policy, where the quantity of each medication was to be verified for accuracy at the change of each shift. Two nursing staff signed off on the shift change count of medication for a resident; however, the quantity was not documented on the resident's individual record.

Sources: a resident's medication record, medication administration policy, interview with Nursing Manager.