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 West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: August 25, 2023	
Inspection Number: 2023-1016-0002	
Inspection Type: Complaint	
Licensee: CVH (No. 2) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Maitland Manor, Goderich	
Lead Inspector JanetM Evans (659)	**Inspector Digital Signature** Janet.M. Evans Digitally signed by Janet.M. Evans Date: 2023.09.15 12:56:46 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 17 -18 and 21 -22, 2023

The following intake(s) were inspected:

- Intake: #00092542 - Anonymous Complaint re: Neglect and Fall prevention

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Safe and Secure Home
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 (10) (c)

The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, care set out in the plan has not been effective.

Rationale and Summary:
A resident was at risk for falls.

They had three falls in a seven week period between June and July 2023.

The plan of care directed staff to monitor the resident and offer assistance as needed and ensure commonly used articles are within reach.

Following their second fall, resident #001 was assessed to have sustained altered skin integrity. Following the third fall, the resident was initially assessed as having no injury, but it was noted later that there was altered skin integrity.

There were no updates to the plan of care for fall prevention interventions following the second fall.

The DOC said they anticipated that staff would have updated the plan of care with new fall prevention interventions, given the resident's medical history.

Failure to revise the resident's plan of care with new fall prevention interventions when current fall prevention strategies were not effective put the resident at further risk for falls and potential injury.

Sources: plan of care, post fall assessments/fall risk, progress notes, Risk Management, Falls Prevention and Management Program, Extendicare, RC-15-01-01, last reviewed: March 2023. Interviews with DOC and staff.
[659]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee failed to ensure that the resident who was exhibiting altered skin integrity, received a skin assessment by a member of the registered nursing staff using a clinically appropriate assessment instrument that was specifically designed for skin and wound.

Rationale and Summary:
A resident fell and sustained altered skin integrity. There was no clinically appropriate tool used to assess the area of altered skin integrity.

One week later, they fell again and sustained altered skin integrity. There was no clinically appropriate tool used to assess the area of altered skin integrity.

The resident went to hospital and returned four days later. On their return, they were assessed to have several areas of altered skin integrity noted that had not already been identified by the home.

The resident's head to toe assessment as well as Skin and Wound assessments did not show documentation of the identified altered skin integrity following the resident's falls and hospitalization.

The DOC acknowledged that there were no clinically appropriate skin and wound assessments completed for the resident for altered skin integrity on three identified dates and these should have been completed.

Sources: care plan, progress notes, Head to toe assessments, Skin and wound assessments, Weekly skin assessments, Skin and Wound Program: Prevention of Skin Breakdown. RC-23-01-01, LAST REVIEWED: March 2023, interviews with DOC and RN #116
[659]

WRITTEN NOTIFICATION: Maintenance Services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)

The licensee failed to ensure that maintenance services were available in the home seven days per week to ensure that the operational systems were maintained in good repair.

The Resident Staff Communication Response System (RSCRS) was an essential service and part of the operational system of the home. There had been intermittent problems with its functioning since

January 2023. External service maintenance in January 2023, was unable to completely resolve the concerns.

The RSCRS did not provide an audible alert to staff that a resident required assistance.

Scheduled maintenance records provided by the ESM showed remedial responses to staff concerns related to the RSCRS i.e., call cords not functional and being replaced, between January to July 2023.

There were two incidents between January and February 2023 where issues with the RSCRS were identified on a weekend and not addressed until between Monday to Friday during the following week.

The Environmental Services Manager (ESM) said there was maintenance coverage Monday to Friday and every other weekend.

Failure to ensure that maintenance services were available seven days per week may put the home and residents at risk related to equipment or systems failure.

Sources: Observations, Invoice dated January 20, 2023, from KR Communications Ltd, blank copy of Extendicare Maintenance Inspection checklist, Interview with ESM and ED
[659]

WRITTEN NOTIFICATION: Maintenance Services

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)

The licensee failed to ensure schedules and procedures were in place for routine, preventive and remedial maintenance for the RSCRS and that these were followed.

In accordance with O. Reg. s. 11 (1) (b) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any procedure, the licensee is required to ensure that this is complied with.

Specifically, the home failed to follow the Nurse Call System policy, which directed maintenance staff to check the nurse call bell system as a routine part of the Preventive Maintenance Program and that in the event that the Nurse Call System was not functioning, resident checks were to be completed and documented, until there had been a restoration to the malfunctioning of the system. Maintenance staff

were to: check the nurse call system annually to ensure it was fully operational and conduct preventive maintenance as scheduled, to ensure the system remained operational, and document all nurse call system checks and preventive maintenance as outlined in the Preventive Maintenance Manual.

The RSCRS was not providing an audible alert to staff since April 2023. At the time of inspection, 15 minute checks were not being completed for all residents while the system was not functional.

The ESM said they were not familiar with documented procedures for routine, preventative, or remedial maintenance related to the RSCRS.

A blank maintenance inspection checklist for the nurse call system indicated schedules for routine maintenance of the call bell system. There was no documentation provided to show that monthly and quarterly checks of the RSCRS listed had been completed.

The ESM provided an invoice for quarter one, which documented an attempt to repair the RSCRS; however, the repair was not able to fix the pager system so that calls received from activated pull stations alerted staff pagers. There was no documentation for quarter two of routine or preventative maintenance completed for the RSCRS.

Failure to ensure that documented schedules and procedures were in place and followed for routine, preventive and remedial maintenance put the home and residents at risk related to equipment or systems failure.

Sources: observation, Invoice dated January 20, 2023, from KR Communications Ltd, blank copy of Extendicare Maintenance Inspection checklist, Nurse Call System policy, RC 08-01-01, dated January 2022, Interview with ESM and ED
[659]

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. iii.

The licensee failed to ensure that when there was a loss of an essential service of the RSCRS they notified the Director within one business day.

Rationale and Summary:

A) On two dates in January 2023, emails from the former Executive Director (ED) to their corporate office documented a call bell issue where no audible sound and no pagers were functioning.

B) At the time of the inspection, there was no audible sound from the communication response system.

The ED acknowledged the Director had not been notified of the loss of essential service, and they should have been.

Failure to notify the Director of the loss of an essential service prevented the Director from being able to respond in a timely manner if required.

Sources: Observation, emails, KR Communications Ltd. Invoice #43460 dated January 20, 2023, interviews with ED and ESM
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COMPLIANCE ORDER CO #001 Communication and response system

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 20 (g)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]: The licensee will comply with O. Reg. 246/22 s. 20 (g)

The licensee will ensure:
1. Written procedures are developed and implemented for how to use, maintain and ensure proper functioning of the mobile alert devices (i.e., walkie-talkies) at all times, when the home's audible resident/staff communication response system (RSCRS) is not functioning.
2. Education is provided to staff using the devices discussed in the above procedures. Document the date, time, name of attendees and information provided as well as the person providing the education. Maintain the documentation onsite.
3. There is communication provided to resident and family council about the Home's processes and procedures for when the RSCRS is not functioning with an audible alert; as well as to all substitute decision maker (SDMs) and residents.
4. An audit is completed on each shift while the RSCRS audible alert is not functional, to ensure that each staff member is carrying a functioning mobile alert device and that the communication panel is monitored at all times. Document the date and time of the audit, the name of the person monitoring the communication panel, any findings or concerns related to mobile alert devices not being carried by

staff or not being functional, any actions taken to address the findings/concerns and the name of the person completing the audit. The audits should be maintained on site.
5. A weekly audit is completed for one resident on each wing for each shift to ensure the 15 minute checks are being completed and documented. The audit should document the date, the time, the resident, and if checks were completed, any action taken if necessary, and the name of the person completing the audit. The audit should be maintained at the home.

Grounds:
The licensee failed to ensure that in the case of a system that uses sound to alert staff, it was properly calibrated so that the level of sound was audible to staff.

Rationale and Summary:
The RSCRS is an essential service. The home's RSCRS had been malfunctioning intermittently since January 2023. It was estimated that the current issue with the audible alert not functioning appropriately occurred around April 2023 following IT updates at the home. If the home turned the alert on, the alarms would ring constantly, whether or not a call station was pulled. The parts to repair the system were no longer manufactured and could not be replaced.

A complaint to the Ministry of Long-Term Care (MLTC) stated no one responded to a call bell.

An incident occurred and there was a delay in staff response as there was no audible alert. An RN they received a call from an external person and went immediately to help the resident.

No staff were assigned to monitor the panel in the nursing station to alert staff to calls, until after the inspector spoke to the ED.

On two instances registered staff were not carrying a walkie talkie. One RPN said there was not one available and another said the battery had died and it was charging. A PSW said they often find the walkie talkies were not charged prior to their shift and they can't hear the bell. Without an audible alert from the RSCRS or a walkie talkie, no one can communicate to staff if a resident is ringing for assistance.

A family member said if they were to ring for assistance for their relative, no one could hear. Staff would have to be in the same hallway in order to see the light as there was no audible alarm.

Failure to ensure that the RSCRS provided an audible alert to staff put all residents at risk for delays in receiving timely staff assistance and potentially put residents at risk for injury.

Sources: Observations, Progress notes, emails from January 2023 and July 2023 identifying

malfunctioning RSCRS, Policy, Nurse Call System, RC-08-01-01, dated January 2022, interviews with ESM, ED, staff, residents and family.
[659]

This order must be complied with by September 30, 2023

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.