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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 16, 2023	
Inspection Number: 2023-1201-0007	
Inspection Type: Complaint Critical Incident	
Licensee: Marianhill Inc.	
Long Term Care Home and City: Marianhill Nursing Home, Pembroke	
Lead Inspector Karen Buness (720483)	**Inspector Digital Signature** Karen Lynne Buness Digitally signed by Karen Lynne Buness Date: 2023.11.20 11:20:22 -05'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 17, 18, 23, 26, 27, 30, 31, 2023 and November 2, 2023

The following intake(s) were inspected:
- Intake: #00094193 Fall of resident resulting in a significant change in health status
- Intake: #00094684 Missing resident less than 3 hours
- Intake: #00095047 Suspected resident to resident emotional and sexual abuse
- Intake: #00095894 Suspected resident to resident sexual abuse
- Intake: #00097518 Missing resident less than 3 hours
- Intake: #00098157 Complaint related to the provision of palliative care, training, staff shortages and access to records and adherence to resident care plans

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Additional Training -direct care staff

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (7) 5.

The licensee has failed to ensure that all staff who provide direct care to residents received training in palliative care as a condition of continuing to have contact with residents. In accordance with O'Reg 246/22 s. 261 (2) (1) The licensee shall ensure that all staff who provide direct care to residents must receive annual training required under subsection 82 (7) (5) of the Act.

Summary and Rationale
A complaint was filed regarding the licensee's provision of palliative care and the training the registered staff receive on the palliative care program. Interviews with registered staff revealed training on the palliative care program was not provided on an annual basis. One registered staff member stated they had received training on palliative care but not recently. Another registered staff member stated they did not recall receiving the training on orientation and was unsure if the palliative care program was included in the annual training requirements.

A review of the training records revealed the palliative care program is not included in the registered staff's annual training requirements. In an interview with the Director of Care (DOC), they confirmed the palliative care program was not an annual training requirement in the home

and that not all registered staff working in the home had received the required training.

Failure to provide the required training could impact the delivery of palliative care to the resident's residing in the home.

Sources
Surge Learning training records, interviews with registered staff and the Director of Care.

[720483]