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
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Ottawa, ON, K1S 3J4
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Original Public Report

Report Issue Date: March 24, 2023	
Inspection Number: 2023-1571-0003	
Inspection Type: Critical Incident System	
Licensee: The Corporation of the County of Prince Edward	
Long Term Care Home and City: H.J. McFarland Memorial Home, Picton	
Lead Inspector Heath Heffernan (622)	**Inspector Digital Signature** Heath Heffernan Digitally signed by Heath Heffernan Date: 2023.03.27 11:46:54 -04'00'
Additional Inspector(s) Ashley Bernard-Demers (740787)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
January 30, 31, 2023 and February 2, 3, 7-9, 13-17, 2023 - Onsite.
February 22, 2023 – Offsite.

The following intake(s) were inspected:
• Critical Incident Intake: #00016573 related to alleged resident to resident physical abuse.

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

Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect

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)
O. Reg. 246/22, s. 102 (2) (b)

During the initial tour of the home on January 30, 2023, Inspector 740787 observed expired hand sanitizer in nine hand sanitizer dispensers on the second floor. Inspector 740787 informed the Director of Care (DOC) on January 30, 2023, and they indicated they would address this concern.

On February 15, 2023, upon completion of an observation of the second floor by Inspector 740787, there were no expired hand sanitizers noted.

Remedy Implemented: February 15, 2023
[740787]

WRITTEN NOTIFICATION: Training

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

The licensee has failed to complete annual education regarding responsive behaviours and prevention of abuse within the home.

Rationale and Summary
Inspector 740787 was provided a list of staff members who completed responsive behaviour education in 2022. The list indicated that three staff members had received training.

In an interview with a Registered Practical Nurse (RPN) on February 3, 2023, they stated that they did not receive annual training provided about responsive behaviours. On February 7, 2023, in an interview with the Director of Care (DOC) about annual education in the home, they indicated that not all staff were provided education in 2022 regarding responsive behaviours and the prevention of abuse and neglect.

Not completing annual education for staff regarding responsive behaviours and the prevention of abuse and neglect has the potential to impact residents if staff are not trained in these specific areas.

Sources: Responsive Behaviour training list; interviews with a RPN and the DOC.
[740787]

WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 112 (2)

The licensee failed to make a report within ten days of becoming aware of the alleged, suspected or witnessed incident, or at an earlier date if required by the Director.

Rationale and Summary
Initial reporting of a critical incident for resident to resident abuse, occurred on a date in December 2022, via the Infoline – Long-Term Care After Hours service; however, the critical incident report (CIR) was not submitted via the online reporting system until 26 days later.

In an interview with the Director of Care (DOC) on February 9, 2023, they stated that submitting the CIR to the reporting system was overlooked.

Late submission of the CIR potentially could impact residents by not evaluating the occurrence and interventions in a timely manner putting residents at risk for future incidents.

Sources: Critical Incident Report, interview with the DOC.
[740787]

WRITTEN NOTIFICATION: 24-hour admission care plan

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 27 (1)

The licensee has failed to ensure that a 24-hour admission care plan was developed for a resident within 24 hours of the resident's admission to the home.

Rationale and Summary
A resident was admitted to the home on a specified date and it was noted that the 24-hour care plan had a completion date four months and twelve days later, which was not within 24 hours of the resident's admission to the home. Inspector 740787 completed a review of the resident's progress notes, and there were three incidents of the resident exhibiting responsive behaviours within an eighteen day period following their admission. Inspector 740787 completed a review of the resident's pre-admission paperwork, and it was noted that responsive behaviours were identified in resident's health care records.

On February 3, 2023, the Director of Care (DOC) confirmed that the 24-hour admission care plan for the resident was not completed within 24 hours of their admission. On February 7, 2023, a Registered Practical Nurse (RPN) stated that the resident's 24-hour admission care plan was missed and not completed until four months and twelve days later.

Not having a 24-hour admission care plan completed for a resident who is known to exhibit responsive behaviours places the resident and co-resident's safety at risk, if the responsive behaviours are not addressed and documented for staff to reference at the time of admission.

Sources: Resident's 24-hour admission care plan; resident's progress notes; resident's pre-admission paperwork; interviews with an RPN and the DOC.
[740787]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

1.The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with the Hand Hygiene program section 10.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the Licensee shall ensure that the hand hygiene program includes 70-90% Alcohol-Based Hand Rub (ABHR).

Rationale and Summary
On January 31, and February 15, 2023, staff members were observed assisting residents with hand hygiene prior to lunch, the product being used was Certainty Personal Care Wipes.

The packaging and the Safety Data Sheet for Certainty Personal Care Wipes were reviewed and there was no information identified regarding the presence of alcohol in the wipes.

In interviews with two personal support workers (PSWs) on February 15, 2023, they confirmed that hand hygiene for residents prior to meals was completed with Certainty Personal Care Wipes. During an interview with the Director of Care (DOC) on February 9, 2023, they confirmed that there was no alcohol content in the Certainty Personal Care Wipes. The DOC reported that the wipes were being used for hand hygiene prior to meals.

The risk of not using 70-90% ABHR for hand hygiene as required under the Additional Requirements in the IPAC Standard for Long Term Care Homes (April, 2022) is that infectious organisms may be spread between residents, which can impact the health of residents.

Sources: Interviews with DOC, two PSWs; observations; record review of Certainty Personal Care Wipes packaging and Safety Data Sheet, The IPAC Standard for Long Term Cares Homes (April, 2022). [740787]

2.The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with the Training and Education requirements, section 7.1 (d) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee shall ensure that IPAC retraining and education is completed on an annual basis.

Rationale and Summary
Inspector 740787 reviewed the Infection Prevention & Control – Orientation & Training of Staff, Policy #: IX-A-10.50, Current Revision: November 2022, and this policy indicated that training shall take place upon hire of all new staff and at a minimum of annually thereafter for all staff.

In an interview with the Director of Care (DOC) on February 16, 2023, they stated the annual Infection Prevention and Control (IPAC) education for staff was not completed in 2022.

The potential impact of not completing annual IPAC education for staff places residents at risk for contracting communicable diseases that might otherwise have been prevented with ensuring the completion of annual education. This can impact the overall health, well-being, and quality of life for residents in the home.

Sources: Infection Prevention & Control – Orientation & Training of Staff, Policy #: IX-A-10.50, Current

Revision: November 2022; interview with the DOC.
[740787]

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