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

Hamilton District
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Original Public Report

Report Issue Date: March 21, 2024
Inspection Number: 2024-1092-0001
Inspection Type: Complaint
Licensee: Canadian Reformed Society for a Home for the Aged Inc.
Long Term Care Home and City: Mount Nemo Christian Nursing Home, Burlington

Lead Inspector	**Inspector Digital Signature**
Michelle Warrener (107)	Michelle Warrener Digitally signed by Michelle Warrener Date: 2024.03.21 09:58:41 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 12, 13, 15, 20, 21, 22, 23, 26, 2024
The inspection occurred offsite on the following date(s): February 28, 2024

The following intake(s) were inspected:
- Intake: #00106260 - related to concerns with medications, falls prevention, plan of care, skin and wound management

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

Resident Care and Support Services
Skin and Wound Prevention and Management

Medication Management
Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and wound care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The licensee has failed to ensure that resident #001 had their areas of altered skin integrity assessed weekly by a member of the registered nursing staff.

Rationale and Summary:
Registered Nurse #109 stated that for altered skin integrity, staff were to assess the area, monitor daily on the electronic Treatment Administration Record (ETAR), and once weekly using the Weekly Skin Integrity assessment in the assessment tab on Point Click Care.

An admission skin assessment was completed for resident #001 and directed staff to monitor the area weekly until the area was resolved. There were no further assessments of the area and the skin impairment was not identified on the electronic Treatment Administration Record (ETAR). Registered Nurse #102 confirmed that monitoring of skin impairment was to be included in the ETAR.

Staff documented another area of skin impairment in the progress notes, however, there was no further monitoring of the area and the area was not added to the ETAR.

A skin assessment identified another area of skin impairment for a different location. There was no further assessment of this area and the area was not identified on the ETAR.

When a resident exhibiting altered skin integrity was not monitored weekly, there was a risk that the altered skin integrity could worsen.

Sources: resident #001's progress notes, skin and wound assessments in Point Click Care, Treatment Administration Records, Skin and Wound Program Policy N-08-50 and interviews with RN #109 and #012, and the DRC.

WRITTEN NOTIFICATION: Administration of drugs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (1)
Administration of drugs
s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed

for the resident. O. Reg. 246/22, s. 140 (1).

The licensee failed to ensure that no drug was administered to a resident in the home unless the drug had been prescribed for the resident.

Rationale and Summary:
Resident #001 returned from a leave with a change in their medication orders. Medications that were discontinued were given to the resident when they returned to the home and there was no evidence that the Physician was called to clarify or provide an order for these medications until the next day.

During interview, Registered Nurse (RN) #102 and the Director of Resident Care (DRC), stated that if there were changes to the resident's medications, the Registered Nurse was to call or fax the Physician to clarify the orders prior to giving the medications. The DRC also stated that staff were to document the call in the progress notes. There was no evidence that the Physician was called or faxed until the next day, to reconcile the medications, which was after the medications were given to the resident.

When medications were provided without reconciling the orders, medications that had been discontinued were provided to the resident.

Sources: clinical record for resident #001, interview with DRC, RN #102, Physician #115, policy 4-3, "Ordering and Receiving Medications".
[107]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.
Infection prevention and control program
s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:
1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee failed to ensure that the infection prevention and control lead worked regularly in that position on site at the home for at least 17.5 hours per week.

Rationale and Summary:
The Infection Prevention and Control (IPAC) Lead stated they were not able to work the required hours for a specified week due to staffing shortages, when the home was in outbreak. The IPAC Lead confirmed they were unable to complete the required Covid-19 Self Assessment Audits that week due to the limited hours.

Sources: Interview with IPAC Lead; Covid-19 Self Assessment Audit Tools for 2024. [107]

WRITTEN NOTIFICATION: Directives by Minister

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The Licensee failed to comply with the Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, when PHO's IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes, was not completed at least weekly while the home was experiencing a Covid-19 outbreak.

Rationale and Summary
In accordance with the Minister's Directive: COVID -19 response measures for long-term care homes, effective August 30, 2022, and the COVID-19 guidance document for long-term care homes in Ontario, updated November 7, 2023; when a home is in COVID-19 outbreak, IPAC audits must be completed weekly, and at minimum, homes must include in their audit the PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes (PDF).

The Infection Control Lead stated that they were unable to complete the weekly IPAC Self Assessment Tool for an identified week while the home was experiencing an outbreak.

Sources: Minister's Directive: COVID-19 response measures for long-term care homes, COVID-19 guidance document for long-term care homes in Ontario; Interviews with the Infection Control Lead, IPAC Self Assessment Tool Audits.
[107]

WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that resident #001 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 assessment for the assessment of their altered skin integrity.

Rationale and Summary:
Progress notes identified skin impairment, however, the area was not assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. It is unclear if/when the area healed or resolved.

Progress notes identified skin impairment on a specified date, and the area was added to the ETAR for monitoring, however, the area was not assessed using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. An assessment of the size and severity of the area was not captured in an assessment.

The resident had multiple areas of skin impairment that were captured on Skin Assessment 2.0 assessments, however, the assessments did not include a description of the areas. Without a standardized assessment instrument, it was difficult to determine if the areas were new or previously identified and if the areas were improving or deteriorating.

The Director of Resident Care acknowledged that the home was not currently using a clinically appropriate assessment instrument specifically designed for skin and

wound assessment for assessing altered skin integrity related to certain types of skin impairment.

Sources: interview with the Director of Resident Care (DRC), progress notes for resident #001, skin assessments in Point Click Care (PCC) for resident #001 [107]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.

The licensee has failed to ensure that all staff who provided direct care to residents received training on Falls Prevention and Management in 2023.

Rationale and Summary:
Training records identified that twelve staff who were required to complete the Falls Prevention and Management training and did not complete it for 2023. The Administrator confirmed that not all staff completed the required training. When staff do not complete the training, they may not have the required information to complete their duties safely.

Sources: Training records for 2023, interview with the Administrator. [107]

WRITTEN NOTIFICATION: Additional training — direct care staff

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
2. Skin and wound care.

The licensee has failed to ensure that all staff who provided direct care to residents received training on skin and wound care in 2023.

Rationale and Summary:
Fourteen staff did not complete the required training for 2023. The Administrator acknowledged that they had offered the required training, however, they did not have documentation to support that all staff had completed the required training for 2023.

When staff did not receive the required training they may not have the necessary information to complete their job duties competently and safely.

Sources: training records for 2023, interview with the Administrator
[107]

WRITTEN NOTIFICATION: Hazardous substances

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 97

Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The licensee failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

Rationale and Summary:
The door to the tub room was propped fully open with a wooden door stopper. A full bottle of Arjo All Purpose Disinfectant Cleaner was sitting on the counter by the sink. The cleaner was labelled as poisonous and corrosive. Registered Practical Nurse (RPN) #103 stated that the tub room was to be locked when it was not being supervised.

When the hazardous chemicals were left accessible and unsupervised, there was a risk for residents if they handled or ingested the chemicals.

Sources: observations of the tub room and interview with RPN #103. [107]

WRITTEN NOTIFICATION: Falls prevention and management

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when resident #001 had fallen, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Rationale and Summary:
Resident #001 had 14 documented falls over a four-month period. The falls were documented in the resident's progress notes and risk management system. A clinically appropriate assessment instrument that was specifically designed for falls was not in place to document the post fall assessments.

The fall documentation included in the resident's clinical health record did not consistently include if falls prevention strategies were in place at the time of the falls. Post fall documentation also did not identify if a full assessment was completed prior to moving the resident for an identified fall.

Registered Nurse #109 and the Director of Resident Care (DRC) acknowledged that the home did not have a clinically appropriate assessment instrument specifically designed for falls.

Without a clinically appropriate assessment instrument that was specifically designed for falls, staff were not following a consistent approach to documenting post fall assessments.

Sources: resident #001's progress notes, risk management reports, and interviews with RN #109 and the DRC.
[107]