Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# Inspection Report under the Long-Term Care Homes Act, 2007

# Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée


**Long-Term Care Operations Division**
**Long-Term Care Inspections Branch**

**Division des opérations relatives aux soins de longue durée**
**Inspection de soins de longue durée**

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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Jul 2, 2020 | 2020_795735_0009 | 024154-19, 003550-20, 004013-20, 004174-20, 010788-20 | Critical Incident System |

### Licensee/Titulaire de permis

Tri-County Mennonite Homes
200 Boullee Street New Hamburg ON N3A 2K4

### Long-Term Care Home/Foyer de soins de longue durée

Nithview Home
200 Boullee Street New Hamburg ON N3A 2K4

### Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

KRISTAL PITTER (735)

## Inspection Summary/Résumé de l'inspection

**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): June 22-26, 2020.**

**The following intakes were completed in this Critical Incident System Inspection:**

**Log # 010788-20, IL-78616-AH, CI # 3004-000010-20, Log # 004013-20, IL-75105-AH, CI # C547-000010-20 related to responsive behaviours and prevention of abuse, neglect, and retaliation.**

**Log # 004174-20, CI # C547-000011-20 related to personal support services.**

**Log # 003550-20, CI # C547-000007-20 related to falls prevention.**

**Log # 024154-19, follow-up to CO #001 from inspection #2019_800532_0018, s. 6 (7) related to plan of care provision.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), the Director of Care (DOC), the Assistant Director of Care (ADOC), the Resident Assessment Instrument (RAI) Coordinator / Assistant Director of Care (ADOC), the Long-Term Care (LTC) Coordinator / Behavioural Support Ontario (BSO) Lead, the Registered Practical Nurse (RPN) Care Plan Champion, Registered Practical Nurses (RPNs), the Restorative Care Personal Support Worker (PSW), and Personal Support Workers (PSWs).**

**The inspector also toured the resident home areas, observed resident care provision, resident staff interaction, dining services, and reviewed relevant clinical records, investigative notes, and policies and procedures pertaining to the inspection.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Personal Support Services**
**Prevention of Abuse, Neglect and Retaliation**
**Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

- **1 WN(s)**
- **1 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**
**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---|---|---|---|
| LTCHA, 2007 S.O. 2007, c.8 s. 6. (7) | CO #001 | 2019_800532_0018 | 735 |

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>WAO – Ordres : travaux et activités |
| Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).<br><br>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA. | Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.<br><br>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD. |

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that staff used safe transferring and positioning techniques when assisting resident #004.

A Critical Incident was submitted to the MLTC, which reported Improper/Incompetent treatment of resident #004 that resulted in injury and transfer to hospital for assessment.

The home's Transferring a Resident Protocol, with an effective date of January 2015, stated that the Personal Support Worker (PSW) will follow proper positioning techniques when moving a resident to prevent injury.

The home's investigative notes stated PSW #106 improperly transferred resident #004.

PSW #106 stated that they didn't use safe transferring and positioning techniques to prevent injury when mobilizing resident #004 off the unit.

Director of Care (DOC) #101 stated that PSW #106 transferred resident #004 in a manner which was not in keeping with the home's protocol. This resulted in the resident sustaining injuries.

The licensee has failed to ensure that staff used safe transferring and positioning techniques when mobilizing resident #004, which resulted in injuries to the resident. [s. 36.]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.***

**Issued on this 2nd day of July, 2020**

**Signature of Inspector(s)/Signature de l’inspecteur ou des inspecteurs**

**Original report signed by the inspector.**