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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 6, 2021	2021_829757_0018	001944-21, 008346-21	Follow up

Licensee/Titulaire de permis

Board of Management of the District of Kenora
1220 Valley Drive Kenora ON P9N 2W7

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

Pinecrest (Kenora)
1220 Valley Drive Kenora ON P9N 2W7

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

DAVID SCHAEFER (757)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): July 26-29, 2021.

The following intakes were inspected during this follow-up inspection:
-Compliance Order (CO) #001 from inspection #2021_768693_0010, issued pursuant to s. 8 (1) of Ontario Regulation (O. Reg.) 79/10, related to the home's falls prevention and management and nutrition and hydration programs.
-CO #001 from inspection #2021_829757_0001, issued pursuant to s. 54 of O. Reg. 79/10, related to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Administrator/Human Resources (HR) Manager, Environmental Services Manager, Registered Dietitian (RD), Outreach Personal Support Worker (OPSW), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), a housekeeper, and residents.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, staff-to-resident interactions, resident-to-resident interactions, and reviewed relevant resident health care records, as well as specific licensee policies, procedures, and programs.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Nutrition and Hydration
Responsive Behaviours
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **2 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
O.Reg 79/10 s. 54.	CO #001	2021_829757_0001	757
O.Reg 79/10 s. 8. (1)	CO #001	2021_768693_0010	757

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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). 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. 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. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1.1) The heat related illness prevention and management plan must, at a minimum,
(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).
(b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).
(c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents; O. Reg. 79/10, s. 20 (1.1).
(d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and O. Reg. 79/10, s. 20 (1.1).
(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 79/10, s. 20 (1.1).

s. 20. (1.3) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,
(a) any day on which the outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26 degrees Celsius or above at any point during the day; and O. Reg. 79/10, s. 20 (1.3).
(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 21 (2) and (3) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 79/10, s. 20 (1.3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the heat related illness prevention and management plan included a protocol for appropriately communicating the plan to residents, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, and others where appropriate.

The home's heat related illness prevention and management plan did not include a protocol for appropriately communicating the plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, and others where appropriate. The home's Assistant Administrator indicated that the heat related illness prevention and management plan would be communicated to staff to be implemented on especially hot days; however, the home did not have a protocol to communicate the plan to the other identified individuals.

Sources: Policy "Hot Weather Management"; and an interview with the Assistant Administrator. [s. 20. (1.1) (e)]

2. The licensee has failed to ensure that the heat related illness prevention and management plan for the home was implemented during the period from May 15 to September 15.

The home's written heat related illness prevention and management plan included no indication that it was to be implemented from May 15 to September 15 of each year. An RPN and PSW indicated that they were asked to implement the plan on hot days, but that it was not currently implemented. On July 28, 2021, the home's Assistant Administrator indicated that the home's heat related illness prevention and management plan had not been implemented on that day, and that it was implemented for especially hot days, but not for the entirety of the period from May 15 to September 15.

Sources: Policy "Hot Weather Management"; and interviews with the Assistant Administrator, an RPN, and a PSW. [s. 20. (1.3)]

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 the heat related illness prevention and management plan: includes a protocol for appropriately communicating the plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate; and is implemented every year during the period from May 15 to September 15, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to ensure compliance with every order made under the Long-Term Care Homes Act (LTCHA).

The licensee was issued CO #001, related to O. Reg. 79/10, s. 54, from inspection #2021_829757_0001, on January 29, 2021, with an amended compliance due date (CDD) of July 9, 2021. As part of CO #001, the licensee was required to "conduct documented care plan audits for all residents with responsive behaviours to identify any residents without responsive behaviour triggers clearly documented in their care plan". The licensee was also required to review the physical charts for all residents with responsive behaviours, identifying any Psychogeriatric Resource Consultant (PRC) reports. Where PRC reports for residents were identified, the licensee was required to review each recommendation and take one of the following actions: document that the intervention will be trialled for effectiveness and included in the resident's care plan; document that the intervention had already been implemented; or document that the intervention will not be implemented, providing an explanation of why it would not be appropriate for the resident and document a statement indicating that PRC was consulted for this decision.

The licensee did conduct audits of care plans for residents with responsive behaviours to ensure that triggers for responsive behaviours were identified, and reviewed PRC reports to identify and include recommendations that had not previously been included in resident care plans; however, the audits were not documented as required by CO #001. Documentation for audits of all residents with responsive behaviours was not completed. The licensee was only able to produce documented responsive behaviour audits for three residents from the time that CO #001 was issued.

Sources: Resident's care plan and PRC report; Responsive Behaviour Audit documentation; and interviews with the Assistant Administrator, Director of Care (DOC), and other relevant staff members. [s. 101. (3)]

Issued on this 9th day of August, 2021

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

Original report signed by the inspector.