Ontario

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Public Report

Report Issue Date: November 26, 2024
Inspection Number: 2024-1287-0004
Inspection Type: Proactive Compliance Inspection
Licensee: CVH (No. 4) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)
Long Term Care Home and City: Pinecrest (Plantagenet), Plantagenet

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, 2024

The following intake(s) were inspected:

- Intake: #00131578 - Proactive Compliance Inspection (PCI)

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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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)
Non-compliance with: O. Reg. 246/22, s. 79 (1) 10.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat.

The licensee has failed to ensure that appropriate furnishings in a resident care areas, included appropriate seating for staff who were assisting residents to eat.
On a day November 2024, during a meal service, staff members were observed standing while assisting residents with their meal. This was brought to the Executive Director (ED) 's attention.
The ED indicated that the black folding chairs were too low to be used by staff to assist residents with their meals, those chairs were replaced by appropriate dining chairs.
Sources: Inspector observation. Interview with ED.

Date Remedy Implemented: November 20, 2024

WRITTEN NOTIFICATION: Maintenance

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the walls in a room and the ceiling in a tub room of the home were maintained in a safe condition and in a good state of repair.

The ceiling above the tub in the tub room, was noted to have water damage, with visible paint peeling of and presence of old water stain. The walls in a room were scratched and the paint was peeled off. This was brought to the ED's attention.

Sources: Inspector observations. Interviews with a resident's Substitute Decision Maker (SDM) and ED.

WRITTEN NOTIFICATION: Quality Improvement

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 43 (4)
Resident and Family/Caregiver Experience Survey
s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to seek the advice of the Residents' Council in carrying out the 2023 and 2024 Resident and Family / Caregiver Experience Survey.

A member of the Residents' Council indicated that the council was not consulted prior to the survey being carried out. The ED indicated that they did not seek the advice of the Residents' Council when they received the survey questions from their corporation.

Sources: Resident Council meeting minutes. Interview with a member of the Residents' Council and the ED.

WRITTEN NOTIFICATION: Air temperature

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The Licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

The home's temperature log showed multiple days in October and November 2024 with air temperature below 22 degrees Celsius. The Administrator acknowledged that the temperatures in the home were fluctuating and reached below 22 degrees Celsius on multiples days in October and November 2024.

Sources: Home's Temperature log, interview with the Administrator.

WRITTEN NOTIFICATION: Food, Nutrition, and Hydration

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

The licensee has failed to ensure that the Fluid Watch Program relating to nutritional care and dietary services and hydration, was implemented in consultation with the Registered Dietitian (RD), who is a member of the staff of the home.

The ED indicated that the implementation of the fluid watch program in October 2024, was in consultation with the home's Director of Care, but not in consultation with the home's Registered Dietitian.

Sources: Dietitian Consultant's email, Quarterly Southbridge RD meeting minutes, Fluid Watch Program overview. Interviews with RD and ED.

WRITTEN NOTIFICATION: Maintenance

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (i)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented

to ensure that,
(i) the temperature of the hot water serving all bathtubs and showers used by residents is maintained at a temperature of at least 40 degrees Celsius;

The licensee has failed to implement procedures developed to ensure that, the temperature of the hot water serving the bathtubs was maintained at a temperature of at least 40 degrees Celsius during residents' bath.

The home procedure directed staff to use tag out/lock out process if temperature cannot be manually adjusted, and then notify nurse/supervisor. This procedure was not implemented as the water temperature log showed that during the month of November 2024, the temperature of the water in the tub rooms was recorded daily between 37 and 38.8 degrees Celsius. A staff member acknowledged not adjusting water temperature when the temperature was less than 40 degrees Celsius.

Sources: Water temperature log. Interview with staff member.

WRITTEN NOTIFICATION: Wound Management

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
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,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure that a resident exhibiting specified wounds received immediate treatment to promote healing, and prevent infection, as

required.

A physician's order in September 2024 for a resident's wound treatment was revised and changed in October 2024.

The electronic treatment record (e-TAR) showed that the wounds were not treated as prescribed several times between October to November 2024. The progress notes indicated that the treatment was not completed on multiple occasions as the resident bath was scheduled on the following day. The treatment on the bath day was not documented on eTAR and progress notes.

Sources: A resident's progress notes, eTAR records, and physician's order. Interview with DOC and ED.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 an authorized person described in subsection (2.1), if clinically indicated;

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall be compliant with O. Reg s. 55 (2) (b) (iv).

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The licensee shall:

A) Review and revise the wound care policy to include procedure when bath/shower days do not align with the treatment day.

B) Implement the updated written Wound Management policy and procedures as per section "A" above.

1. Provide education to all nursing staff including agency nursing staff who are involved in wound care management.
2. The training record shall include the date of the training, names of the participants, their designation, who provided the training, and an overview of what was covered in the training.

C) Conduct a comprehensive audit of the weekly wound assessment for two identified residents, up to six other residents exhibiting pressure injuries or wounds.

1. The audits shall continue for four weeks until the audits' results are compliant with the process.
2. The audits shall include but not limited to the interventions outlined in the residents' plan of care.
3. If deviations from the wound management policy are identified during the audits, immediate corrective action shall be taken.
4. The audits record shall include the date(s) the audit(s) were completed, who completed the audit (s), the findings, and date (s) any corrective action was taken.

D) A written record shall be kept of everything required under sections (A), (B) and (C), until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that a resident exhibiting wounds for an extended period, was reassessed at least weekly by an authorized person.

Review of the resident's wound assessment record showed that the weekly assessments were not completed for three weeks in 2024. The DOC acknowledged that the weekly wound assessment was not completed consistently.

Sources: A resident's wound assessment record. Interview with staff members.

The licensee has failed to ensure that another resident exhibiting a pressure wound was reassessed at least weekly by an authorized person.

The second resident was assessed to have a specified wound a day in July 2024. A review of the assessment record on Point Click Care (PCC) showed that a wound assessment was not completed weekly for nine weeks in 2024. The Director of care (DOC) confirmed that the registered staff or the wound care lead were responsible to complete the weekly wound assessment and for the resident it was not done.

Sources: Progress Notes, Assessment Record on PCC. Interview with staff member.

This order must be complied with by

January 31, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.