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
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: June 26, 2023
Inspection Number: 2023-1577-0001
Inspection Type: Complaint Critical Incident System
Licensee: United Counties of Prescott and Russell
Long Term Care Home and City: Residence Prescott et Russell, Hawkesbury

Lead Inspector	**Inspector Digital Signature**
Joelle Taillefer (211)	Joelle Taillefer Digitally signed by Joelle Taillefer Date: 2023.06.27 15:26:33 -04'00'

Additional Inspector(s)
Lisa Kluke (000725)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s):
- onsite May 18, 19, 23-26, 29-31, 2023 and June 1, 2023.
- offsite June 2, 2023.

The following intake(s) were inspected:
Critical Incident Report (CIS)
-Intake #00086880 related to an allegation of abuse from a resident to a resident
Complaints
-intake #00001266 related to short staffing.
-Intakes #00006515 and #00022456 related to withholding of approval for applicants to LTCH waitlist.
-Intake #00016907 related to medication administration
-Intake #00083993 related to multiple care concerns.

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

Resident Care and Support Services
Continence Care

Infection Prevention and Control
Safe and Secure Home
Responsive Behaviours
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Admission, Absences and Discharge

INSPECTION RESULTS

WRITTEN NOTIFICATION: Continence Care and Bowel Management

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

The licensee has failed to ensure that a resident received assistance from staff to manage and maintain continence.

Rationale and Summary
A resident's current care plan indicated that the resident is unable to go to the toilet independently and is to have their continence product changed at identified hours to keep skin clean, dry and comfortable at all times. The care plan further indicated that the resident is required to be toileted before meals in attempt to prevent incontinence.

The resident reported that there were occasions when nursing staff would not provide continence care prior to meals when requested. The resident indicated PSWs' said they did not have time or the necessary staff to complete this task prior to an identified mealtime when working short staffed. The resident reported having to go to meals with their incontinent product soiled during mealtime.

A Personal Support Worker (PSW) reported that they do not toilet residents before meals when they work short staffed, and residents are informed they have to go to the mealtime with their current continence brief. The PSW indicated being aware of the resident having to go to the mealtime with soiled incontinent product on several past occasions.

A Registered Nursing Staff indicated that PSWs are expected to change resident's continence briefs

when required or requested by residents.

As such, the resident was impacted as they were reliant on staff for all continence care needs that was not provided as requested. This resident is at risk of skin impairment and increased risk of altered skin integrity.

Sources: Interviews with a resident, a Personal Support Worker and a Registered Nursing Staff and record review of resident's electronic progress notes and their current plan of care. [000725]

WRITTEN NOTIFICATION: Medication Management System

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)

The licensee has failed to ensure that the written policies and protocols developed for the medication management system were followed.

Per O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that their policies are developed for the medication management system related to the administration of all drugs used in the home and must be complied with.

Specifically, the licensee's policy and procedure # 340.13, titled Incident Report of Medications "Rapport d'incident/accident de medicaments" revised May 25, 2018, was not complied with when multiple residents from two identified units did not receive their medications on a date in 2022, during an identified shift.

Rationale and Summary
In accordance with their licensee's policy and procedure "Incident Report of Medications", all medications incidents need to be reported to the Nursing Coordinator so that a follow-up can be carried out. Then, the Director of Care or the Nursing Supervisor will review the incidents and their follow-up, in order to prevent the recurrence of these incidents. The responsible nurse and/or the nurse who notices the incident completes the form 340.04.02 titled "Amelioration de la gestion d'administration de medicaments" i.e., "Improved medication administration management".

The DOC stated that multiple residents were not administered their medication on a date in 2022, during an identified shift.

The Nursing Supervisor acknowledged that the electronic medications incident report forms were not completed by the Registered Nursing Staff for residents who did not receive their medication on a date in 2022, during an identified shift.

By not ensuring that the Medication Incident Report "Rapport d'incident/accident de medicaments" procedure was followed, residents were placed at risk of not being provided the necessary supports and resources post medication incident and resources and to prevent other similar incidents.

Sources: Review of residents' health care records and the licensee's Medication Incident Report policy and procedures, interviews with the Nursing Supervisor and the DOC. [211]

COMPLIANCE ORDER CO #001 Plan of care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Ensure staff provide care as specified in a resident's plan of care, specifically related to resident's responsive behaviours and the interventions related to supervision of the resident.
2. Ensure audits have been conducted three times weekly before meals over a four-week period to ensure these interventions have been followed and revised as required, and that these audits have been documented.
3. Document any corrective actions taken as the result of these audits.
4. Identify who is responsible for these audits to ensure these interventions have been followed.

Grounds
The Licensee has failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan related to responsive behaviours.

Rational and Summary:
On an identified date, the licensee reported a Critical incident Report to the Director, related to resident-to-resident alleged abuse.

On that identified date, a resident's progress notes reported the resident was found by a Nursing Staff in another resident's room exhibiting inappropriately behaviour towards a resident who was visibly upset.

Fifteen days later, nursing staff documented about an incident whereby the resident was observed

exhibiting inappropriately behaviour towards another resident. Nursing staff separated the residents and informed all staff to keep an eye on the resident.

The resident's current plan of care indicated the following:
- the resident has a history of inappropriate behavior towards other residents,
- Nursing staff are to never leave the resident alone with other residents on the unit,
- Nursing staff are to accompany the resident back to their room for the safety and security of other residents, and
- The resident must always be accompanied when moving them from one location to another.

Thirteen days later, the resident was observed to be alone in the hallway outside of a resident's bedroom.

Four days later, the resident was observed alone leaving an identified area. At the time, several residents were resting in an area. In both instances, the resident was not accompanied by a staff member.

A Registered Nursing Staff said that the resident's plan of care indicated that the resident needed to be accompanied on and off the unit for resident safety and other residents' security. The Registered Nursing Staff indicated that staff bring the residents to the resident hallway before the mealtime to wait for their medication administration, before activity staff bring them to another area. The Registered Nursing Staff indicated that the resident is then seated in the hallway and intended to be supervised by registered nursing staff providing other residents their medications. The Registered Nursing Staff indicated that on an identified date, the registered nursing staff likely had their back turned or were busy providing other residents their medications when the resident entered another resident's room.

The Nursing Services Supervisor (NSS) reported the resident's inappropriate behaviours were identified in the resident's current plan of care related to their responsive behaviours. The NSS indicated based on review of the interventions in the current care plan that had the interventions related to supervision requirements been followed, the incident on an identified date would not have occurred.

As such, the nursing staff did not follow the resident's plan of care related to responsive behaviours that lead to a situation of resident-to-resident abuse. The risk related to this incident reoccurring remains high if the plan of care interventions for supervision needs for the resident is not followed.

Sources: Resident Health Care Records, observations of two residents and interviews with a resident, a Registered Nursing Staff, and the Nursing Services Supervisor. [000725]

This order must be complied with by July 25, 2023

COMPLIANCE ORDER CO #002 Administration of drugs

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 140 (2)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

1. Ensure all residents from a specific unit are administered their medications as prescribed, when the specified unit is not fully staffed as per the registered nursing staffing plan.
2. The DOC or the Nursing Supervisor perform twice weekly audits on five residents on a unit that is not fully staffed by Registered Nursing staff, as per their staffing plan for an identified shift over a four-week period.
3. The audits shall indicate residents' name, the person responsible for these audits, and the dates audited until this order is complied.
4. Document the audits and actions taken based on audit results.

Grounds
The licensee has failed to ensure that drugs were administered to multiple residents in accordance with the direction for use specified by the prescriber.

Rationale and Summary
Residents' Medication Administration Records (MAR) on a date in 2022, within a specific times, indicated that multiple residents were not administered their medications in accordance with the direction for use specified by the prescriber.

The Supervisor of Services Administration stated that on that date in 2022, two (2) out of six Registered Nursing Staff were present in the home and administered residents' medications for the 1st, 2nd, and 3rd floors.

The DOC stated that on that date in 2022, many Registered Nursing Staff were not available to work for the identified shift. Subsequently, multiple residents from two units were not administered their medications within a time frame.

As such, multiple residents' health condition was placed at risk when their prescribed medications were not administered in accordance with the direction of the prescriber.

Sources: Resident's record reviews and interviews with Registered Nursing Staff, the Nursing Supervisor, and the DOC. [211]

This order must be complied with by July 25, 2023.

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.