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

North District
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Public Report

Report Issue Date: January 29, 2025

Inspection Number: 2025-1603-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Board of Management of the District of Kenora

Long Term Care Home and City: Princess Court, Dryden

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 20-23, 2025
The inspection occurred offsite on the following date(s): January 27 and 28, 2025
The following intake(s) were inspected:

- An intake related to a COVID-19 Outbreak.
- An intake related to alleged sexual abuse of resident by resident.
- An intake related to a complaint with concerns regarding alleged improper care of a resident.
- An intake related to alleged physical abuse of resident by resident.
- An intake related to an Enteric Outbreak.

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

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Restraints/Personal Assistance Services Devices (PASD) Management

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. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

Sources: Observations of chart and treatment rooms and a resident; and an interview with a Registered Practical Nurse (RPN).

Date Remedy Implemented: January 22, 2025

WRITTEN NOTIFICATION: Abuse

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)
Duty to protect
s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The licensee has failed to ensure a resident was protected from sexual abuse by another resident.

Sources: Review of a Critical Incident (CI), the health care records of two residents, a home's policy related to zero tolerance of abuse and neglect, and interviews with a resident, the Director of Care (DOC), and other staff.

WRITTEN NOTIFICATION: Reporting

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee failed to ensure the home's written policy on zero tolerance of abuse and neglect of residents was complied with, when communication of potential care concerns from a resident's family member was received by a staff member in the home and had not been internally reported.

Sources: Review of a resident's progress notes, home's policy related to zero tolerance of abuse and neglect; and interviews with staff members.

WRITTEN NOTIFICATION: Restraint use

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 34 (1) 5.
Protection from certain restraining
s. 34 (1) Every licensee of a long-term care home shall ensure that no resident of the home is:
5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than under the common law duty referred to in section 39.

The licensee failed to ensure that a resident was not restrained by the use of a barrier.

Sources: Observations of a resident; review of home's policy related to restraint and personal assistive device minimization; and interviews with staff members.

WRITTEN NOTIFICATION: Reports re critical incidents

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee failed to ensure that the Director was immediately informed of an enteric outbreak.

Sources: Review of a CI report; and the home's internal investigation into the CI report.

WRITTEN NOTIFICATION: Administration of drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that a drug was administered to a resident in accordance with the directions for use specified by the prescriber.

Sources: Review of a resident's progress notes and the prescriber's orders; and interviews with staff.