

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
ottawadistrict.mlhc@ontario.ca

Original Public Report

Report Issue Date: Dec 6, 2022	
Inspection Number: 2022-1502-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Providence Care Centre	
Long Term Care Home and City: Providence Manor, Kingston	
Lead Inspector Cathi Kerr (641)	Inspector Digital Signature
Additional Inspector(s) Kayla Debois (740792) Carrie Deline (740788) Polly Gray-Pattemore (740790)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s):</p> <p>October 12, 13, 14, 18, 19, 20, 21, 24, 25, 27, 28, 2022.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00001918-[AH: IL-03935-AH/CI: 3005-000065-22] Alleged staff to resident neglect. • Intake: #00002503-[CI: 3005-000046-22] Alleged abuse of a resident towards another resident. • Intake: #00003328-[CI: 3005-000058-22] Medication incident involving two residents. • Intake: #00004021-[CI: 3005-000026-22] Alleged resident to resident abuse resulting in an injury. • Intake: #00004092-[IL: IL-03257-OT]/[IL-04508-OT] Complaint related to resident's rights and resident care, • Intake: #00004878-[CI: 3005-000042-22] Alleged resident neglect and improper care. • Intake: #00005363-[CI: 3005-000070-22] Alleged improper care of a resident. • Intake: #00005672-[AH: IL-04110-AH/CI: 3005-000067-22] Failure/breakdown of communication system. • Intake: #00006028-[IL: IL-04732-OT] Complaint related to short staffing.

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- Intake: #00007152-[AH: IL-04899-AH/CI: 3005-000076-22] Alleged resident to resident abuse.
- Intake: #00007412-[AH: IL-01391-AH/3005-000038-22] Alleged resident to resident abuse resulting in injury.
- Intake: #00011471-IL-06462-AH/3005-000092-22 Alleged abuse of resident by a staff.
- Intake: #00005762-[CI: 3005-000068-22] Fall of a resident resulting in an injury.
- Intake: #00006820-[CI: 3005-000073-22] Fall of a resident resulting in injury.
- Intake: #00007899-[CI: 3005-000085-22] Fall of a resident resulting in a fracture.

The following intakes were completed in the Critical Incident System Inspection:

Intake: #00001191-[CI: 3005-000043-22]; Intake: #00002096-[AH: IL-02844-AH/CI: 3005-000050-22];
Intake: #00002273-[CI: 3005-000049-22]; Intake: #00003982-[CI: 3005-000045-22]; Intake: #00004515-[CI:
3005-000053-22]; Intake: #00004963-[CI: 3005-000063-22]; Intake: #00006274-[CI: 3005-000075-22]; and
Intake: #00006826-[CI: 3005-000077-22] were related to falls.

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

Medication Management
Safe and Secure Home
Prevention of Abuse and Neglect
Resident Care and Support Services
Skin and Wound Prevention and Management
Staffing, Training and Care Standards
Residents' Rights and Choices
Reporting and Complaints
Infection Prevention and Control
Falls Prevention and Management
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Skin and Wound Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 55 (2) (b) (iii)

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The licensee failed to ensure that the resident, who was exhibiting altered skin integrity, was assessed by a registered dietitian who was a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration were implemented.

Rationale and Summary:

The licensee's Pressure Injury Prevention and Management Policy indicated that the registered nursing staff were to make a referral to the Registered Dietitian (RD) upon the identification of a resident with a pressure injury.

Documentation in the resident's progress notes indicated the presence of a wound. In a review of the resident's health record, there was no indication that a referral was made to the RD related to the resident's wound at the time it was identified by registered nursing staff. During an interview with Inspector #740788, the RD stated they had not received a referral related to the resident's wound.

There was an increased risk for wound deterioration without a referral to the RD to assess the resident's nutritional status for wound healing.

Sources: Resident's progress notes, Medication Administration Records, Prescriber's Orders, and interviews with the Registered Dietitian and Nurse Practitioner. [#740788]

WRITTEN NOTIFICATION: Complaints Procedure - Licensee

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

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

The licensee failed to ensure that they immediately forwarded to the Director any written complaint that it received concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint had been submitted in the format provided for in the regulations and complied with any other requirements that may be provided for in the regulations.

Rationale and Summary:

A friend of the resident had submitted a written complaint to the family council at Providence Manor. The Administrator indicated to the Inspector that they had received the written complaint from the family council. The Administrator advised they had not submitted a critical incident to the Director related to this written complaint. Inspector #641 reviewed the critical incidents submitted to the Director by the licensee. No critical incident had been submitted related to this written complaint.

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There was a low risk to the resident related to the critical incident not being submitted to the Director.

Source: Complaint intake #00004092; interview with the Administrator; review of critical incidents submitted to the Director. [#641]

COMPLIANCE ORDER CO #001 Skin and Wound Care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O.Reg. 246/22, s. 55 (2) (b) (i)

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

1. Ensure that residents areas of altered skin integrity are reassessed weekly by a member of the registered nursing staff, if clinically indicated, using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.
2. Complete a weekly audit of all residents where a weekly wound assessment is clinically indicated, to ensure weekly assessments are being completed using a clinically appropriate assessment instrument. The audits are to be completed for a minimum of one month, or until all staff are compliant with the process.
3. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.
4. Conduct education on the licensee's Pressure Injury Prevention and Management Policy and the use of a clinically appropriate assessment instrument specifically designed for skin and wound assessments, with the Wound Care lead and any other registered nursing staff designated to complete weekly wound assessments.
5. Maintain documentation of the education, including the names of the staff, their designation, and date training was provided.

Grounds

The resident was identified as having an open wound and required ongoing changes to their wound care treatments. Inspector #740788 reviewed the resident's health record and noted there were no wound assessments completed during a 16 day period, using a clinically appropriate assessment tool.

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During an interview with Inspector #740788, the Nurse Practitioner indicated that the resident's wound should have been assessed at least weekly. The Assistant Director of Care (ADOC) reported to the Inspector that the registered nursing staff were not using an assessment tool specifically designed for skin and wounds to document the wound care for the resident. The resident's wound deteriorated leading to their admission to the hospital.

There was an increased risk for wound deterioration when the resident's wound was not assessed at least weekly by a registered nursing staff using a clinically appropriate assessment instrument specifically designed for skin and wound assessment.

Sources: resident's progress notes, Pressure Injury Prevention and Management Policy, Treatment Administration Records, Prescriber's Orders, and interviews with the ADOC and Nurse Practitioner. [#740788]

This order must be complied with by February 6, 2023

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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

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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.