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 410
Ottawa, ON, K1S 3J4
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Original Public Report

Report Issue Date: March 26, 2024
Inspection Number: 2024-1502-0001
Inspection Type: Complaint Critical Incident Follow up
Licensee: Providence Care Centre
Long Term Care Home and City: Providence Manor, Kingston

Lead Inspector Cathi Kerr (641)	Inspector Digital Signature Cathi Kerr Digitally signed by Cathi Kerr Date: 2024.04.03 11:44:53 -04'00'

Additional Inspector(s)
Darlene Murphy (103)
Anna Earle (740789)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 5, 6, 7, 8, 11, 12, 13, 14, 15, 18, 19, 20, 2024

The following intake(s) were inspected:

- Intake: #00100152 - Alleged emotional abuse of a resident by a visitor.
- Intake: #00100424 - Alleged abuse of a resident by a visitor
- Intake: #00101063 - Resident to resident alleged abuse.
- Intake: #00101392 - Staff to resident alleged verbal abuse.
- Intake: #00101671 - Resident to resident alleged abuse.
- Intake: #00101959 - Alleged family to resident financial abuse.

- Intake: #00102725 - Alleged resident to resident abuse.
- Intake: #00103436 - Related to a missing resident for less than 3 hours.
- Intake: #00104562 - Complaint with concerns regarding resident care.
- Intake: #00105307 - Alleged financial Abuse of a resident.
- Intake: #00105521 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1) related to the duty to protect residents.
- Intake: #00106875 - Complaint with concerns regarding resident care.
- Intake: #00107446 - Alleged resident to resident sexual abuse.
- Intake: #00107714 - Alleged staff to resident neglect.
- Intake: #00109048 - Related to a controlled substance unaccounted for.
- Intake: #00109283 - A complaint response regarding resident's care.
- Intake: #00109598 - Fall resulting in resident injury.
- Intake: #00109618 - Resident to resident alleged abuse.
- Intake: #00109703 - Outbreak related to acute respiratory infection.
- Intake: #00109833 - Related to resident to resident alleged abuse.

The following intakes were completed in this inspection: Intake #00099604, Intake #00100463, Intake #00100646, and Intake #00107910, were related to falls and Intake #00105999, was related to a complaint response.

Tracey Chapman, Inspector #000809 was present in an observer role during this inspection.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1502-0009 related to FLTCA, 2021, s. 24 (1) inspected by Inspector #641.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and 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. 108 (1) 3. i.
Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,

i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure the response provided to a person who made a complaint included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the *Excellent Care for All Act, 2010.*

Rationale and Summary

Three response letters that had been sent by the home to complainants were reviewed. The letters failed to include the ministry's toll- free number and the contact information for the patient ombudsmen.

The Director of Care (DOC) was interviewed and stated they were unaware this was a requirement and that the template would be revised to reflect the additional required information. The DOC provided the revised template to the inspector the next day.

Sources: Response letters and interview with DOC. [103]

WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 4.

Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
4. Misuse or misappropriation of a resident's money.

The licensee failed to ensure that a person who has reasonable grounds to suspect the misuse or misappropriation of a resident's money shall immediately report the suspicion and the information upon which it is based to the Director.

Rationale and Summary:

Inspector #641 reviewed two critical Incidents which indicated alleged financial abuse of two separate residents by their substitute decision makers (SDM). The CIs indicated that from the date of admission of the residents, the residents' SDMs had not been paying the licensee for the residents' care in the home.

During an interview with Inspector #641, the Administrator (Adm) confirmed that the alleged financial abuse of the two residents were not immediately reported to the Director.

Not immediately reporting the alleged financial abuse to the Director posed a continued risk of abuse to the residents.

Sources: Critical Incidents, residents' health care records and financial records, interviews with the Adm, DOC and Financial department. [641]

WRITTEN NOTIFICATION: Safe and Secure

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 26
Compliance with manufacturers' instructions
s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure that staff used the Securaband Tag Roam Alert in accordance with manufacturers' instructions.

Rationale and Summary:

Securaband Tag Roam Alert (wander guard bracelet) User Guide stated that the wander guard bracelets should be tested monthly to verify the system is operating correctly and to ensure that the probability of detecting an alarm and / or locating the transmitter are maximized.

A resident who was wearing a wander guard, exited the building unattended when the device failed to activate. During an interview with the DOC, they acknowledged that there were no procedures in place for assessing or testing the working condition of the wander guard devices.

Failure to complete regular testing of the wander guard bracelets can increase the risk of system failure and harm to a resident.

Sources: Interview with the DOC, Securaband Tag Roam Alert (wander guard bracelet) User Guide. [740789]

WRITTEN NOTIFICATION: Drugs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee is required to ensure there are written policies and protocols developed for the medication management system to ensure the accurate acquisition and storage of all drugs used in the home.

In accordance with O. Reg 246 / 22, s. 11 (1) (b), the licensee is required to ensure the policies developed for the medication management system are complied with. Specifically, the licensee failed to ensure staff complied with the policy "Narcotics, Controlled and Targeted Substances-tracking/count sheets", last revised December 2023 by failing to ensure two registered staff members were completing a count of the narcotics / controlled substances at shift change.

Rationale and Summary:
A discrepancy in the count of a controlled substance was discovered between the

evening shift and night shift. The evening registered staff member had completed an independent count of the controlled substances and noted there were 18 vials of specified controlled substance present. Forty minutes later, another registered staff member completed an independent count and found 17 vials of that control substance present. The Assistant Director of Care (ADOC) stated the home investigated and found staff were not consistently completing the shift count together as outlined in the home's policy. The Director of Care (DOC) indicated additional measures were put into place upon completion of the investigation to ensure the policy was being followed.

Staff failing to follow the medication policy related to narcotic / controlled substance shift count puts residents at risk for medication errors.

Sources: CIS, interview with the ADOC and the DOC and review of policy, "Narcotics, Controlled and Targeted Substances-tracking/count sheets", last revised December 2023. [103]

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