

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
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: July 9, 2024

Inspection Number: 2024-1502-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Providence Care Centre

Long Term Care Home and City: Providence Manor, Kingston

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 17-21, 24-28 and July 2-5, 8-9, 2024

The following intake(s) were inspected:

- Intake: #00110426 - CI #3005-000026-24 - Alleged staff to resident emotional abuse.
- Intake: #00110502 - CI #3005-000028-24 - Alleged staff to resident verbal abuse.
- Intake: #00111409 - CI #3005-000031-24 - Alleged staff to resident physical abuse.
- Intake: #00111563 - CI #3005-000033-24 - Alleged resident to resident sexual abuse.
- Intake: #00112473 - CI #3005-000037-24 - Alleged staff to resident neglect.
- Intake: #00113505 - CI #3005-000041-24 - Enteric outbreak
- Intake: #00114192 - Complaint regarding resident care.
- Intake: #00114484 - CI #3005-000048-24 - Parainfluenza outbreak

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- Intake: #00115011 - CI #3005-000050-24 - Alleged resident to resident sexual abuse.
- Intake: #00115341 - Complaint regarding a resident fall.
- Intake: #00115568 - CI #3005-000056-24 Alleged resident to resident physical abuse.
- Intake: #00115871 - CI #3005-000059-24 - Alleged resident to resident sexual abuse.
- Intake: #00116299 - Complaint regarding alleged resident to resident sexual abuse.
- Intake: #00116322 - CI #3005-000061-24 -Alleged resident to resident sexual abuse.
- Intake: #00119510 - CI #3005-000075-24 - Alleged staff to resident improper care.
- Intake: #00119600 - CI #3005-000076-24 – Acute Respiratory Illness (ARI) outbreak
- Intake: #00114990 - CI #3005-000049-24 - Alleged staff to resident emotional abuse.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Continence Care
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure care was provided to a resident in accordance with their plan of care.

On a specified day in March 2024, a resident was upset and reported they were given a shower by staff members. The resident's plan of care indicated the resident prefers a tub bath.

Sources: CIS #3005-000031-24, home's investigation notes, interview with DOC.

The licensee failed to ensure the care set out in a resident's plan of care related to a specified treatment was completed as specified in the plan.

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During the month of March 2024, the resident did not receive a specified treatment eight times.

Sources: Resident's Treatment Administration Record (TAR), interviews with staff.

The licensee has failed to ensure that a resident's plan of care related to their call bell being within reach was provided to the resident as specified in the plan.

Sources: Resident's care plan and progress notes, interviews with staff.

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that staff completed the Behavioral Supports Ontario-Dementia Observation System (BSO-DOS) documentation for a resident on a specified day in May 2024.

Sources: Review of resident's BSO-DOS for specified dates in May 2024, and an interview with staff

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WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance of Abuse

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 their written policy to promote zero tolerance of abuse was complied with.

On a specified day in March 2024, a resident reported being abused by two staff members. The RN failed to immediately report this alleged incident of staff to resident abuse until the following day.

Sources: Licensee's abuse policy, CIS #3005-000031-24, interview with DOC.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to make an immediate report to the Director regarding an allegation of resident to resident abuse that occurred on a specified day in May 2024.

Sources: Review of Critical Incident System (CIS) Report 3005-000056-24 and an interview with the DOC.

WRITTEN NOTIFICATION: Policies, etc., to be followed, and records

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)

Policies, etc., to be followed, and records

s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,

(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

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The licensee has failed to ensure that their Abuse and Neglect Free Environment policy is in alignment with legislative requirements for police notification regarding alleged, suspected or witnessed incidents of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Sources: The licensee's Abuse and Neglect Free Environment policy, and an interview with the DOC.

WRITTEN NOTIFICATION: Responsive behaviours

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee has failed to ensure that a resident who had responsive behaviours, had an intervention initiated as indicated in their plan of care and had Behavioural Supports Ontario-Dementia Observation System (BSO-DOS) documentation completed.

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Sources: Resident's behavioural support tip sheet, progress notes, care plan, BSO-DOS, and interviews with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 2.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that the IPAC Lead conducts at a minimum, quarterly real-time audits of the selection and donning and doffing of personal protective equipment (PPE).

Sources: An interview with the IPAC Lead.

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

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In accordance with additional requirement 6.7 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that all staff comply with applicable masking requirements at all times; specifically regarding universal masking on a unit during an outbreak.

Sources: Inspector's observation and an interview with the DOC.

WRITTEN NOTIFICATION: Police notification

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 105

Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the appropriate police service was immediately notified of an incident of alleged resident to resident abuse that occurred on a specified day in May 2024, that may have constituted a criminal offence.

Sources: Review of Critical Incident System (CIS) Report 3005-000056-24 and an interview with the DOC.

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WRITTEN NOTIFICATION: Licensees who report investigations under s. 27 (2) of Act

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 112 (3)

Licensees who report investigations under s. 27 (2) of Act

s. 112 (3) If not everything required under subsection (1) can be provided in a report within 10 days, the licensee shall make a preliminary report to the Director within 10 days and provide a final report to the Director within a period of time specified by the Director.

The licensee has failed to provide four final reports to the Director within a period of time specified by the Director.

On a specified day in March 2024, a critical incident was submitted to report an alleged incident of staff to resident abuse. The licensee failed to provide a final report to the Director until a specified day in April 2024.

Sources: CIS #3005-000031-24, interview with DOC.

On a specified day in April 2024, a critical incident was submitted to report an alleged incident of resident to resident abuse. As of the date of this inspection, the licensee had failed to provide a final report to the Director.

Sources: CIS #3005-000050-24, interview with DOC.

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On a specified day in May 2024, a critical incident was submitted to report an alleged incident of resident to resident abuse. The licensee failed to provide a final report to the Director until a specified day in June 2024.

Sources: CIS #3005-000059-24, interview with DOC.

On a specified day in April 2024, a critical incident was submitted to report an alleged incident of staff to resident abuse. A final report has not been received by the Director.

Sources: CI #3005-000049-24, and interview with an ADOC.

WRITTEN NOTIFICATION: Orientation

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (d)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(d) respiratory etiquette;

The licensee has failed to ensure that orientation training regarding infection prevention and control (IPAC) included respiratory etiquette.

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Sources: Review of the home's orientation PowerPoint for IPAC, and an interview with the DOC.

WRITTEN NOTIFICATION: Orientation

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 259 (2) (h)

Orientation

s. 259 (2) The licensee shall ensure that the training for staff in infection prevention and control required under paragraph 9 of subsection 82 (2) of the Act includes,
(h) handling and disposing of biological and clinical waste including used personal protective equipment.

The licensee has failed to ensure that orientation training regarding infection prevention and control (IPAC) included handling and disposing of biological and clinical waste including used personal protective equipment.

Sources: Review of the home's orientation PowerPoint for IPAC, and an interview with the DOC.

WRITTEN NOTIFICATION: CMOH and MOH

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

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CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that alcohol based hand rub (ABHR) in the home was not expired.

Sources: Inspector's observation.

COMPLIANCE ORDER CO #001 Altercations and other interactions between residents

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

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

The licensee shall:

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- 1) Ensure the resident's plan of care related to responsive behaviours is complied with.
- 2) Registered staff to observe the resident on every shift for one month to ensure adherence with their responsive behaviour plan of care.
- 3) Ensure the resident's safety checks are implemented as per the home's process.
- 4) Conduct daily audits to ensure that the resident's safety checks are being completed. The audits are to be completed for a minimum of one month, or until the order is complied.
- 5) Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

Grounds:

The licensee has failed to ensure that an intervention to redirect a resident as per their plan of care was implemented to minimize the risk of an altercation towards a co-resident.

On a specified day in March 2024, interventions were initiated in the resident's plan of care. On specified days in March 2024 and May 2024, the resident's interventions were not followed, resulting in an incident with a co-resident.

Sources:

Resident's behavioural support tip sheet, progress notes, and interviews with staff.

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This order must be complied with by August 20, 2024

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Issued as a CO (HP) on 2023-09-01 within inspection #2024-1502-0006

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay

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the AMP.

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

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

The licensee shall:

- 1) Complete weekly hand hygiene audits to ensure all staff follow the Infection Prevention and Control (IPAC) Standard related to completion of hand hygiene until the IPAC Lead deems the staff to be compliant with the legislative requirements.
- 2) Take corrective actions to address staff non-compliance with hand hygiene as identified in the audits.

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3) Maintain a document of audits, including when the audit occurred, who completed the audit, the outcome of the audit, and any corrective actions taken until deemed compliant.

Grounds:

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with.

In accordance with additional requirement 9.1 (b) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the licensee has failed to ensure that Routine Practices were followed in the IPAC program, specifically related to the completion of hand hygiene.

Sources: Observations of hand hygiene opportunities.

This order must be complied with by August 20, 2024

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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

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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:



Inspection Report Under the
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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.