

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

Public Report

Report Issue Date: December 11, 2024

Inspection Number: 2024-1269-0002

Inspection Type:
Proactive Compliance Inspection

Licensee: 458422 Ontario Limited

Long Term Care Home and City: Sandfield Place, Cornwall

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 26, 27, 28, 29, 2024 and December 2, 3, 5, 9, 2024

The following intake(s) were inspected:

- Intake: #00132765 - PCI

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices

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Pain 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: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

On a specific date an Inspector informed a specific staff member the posted policy titled 2.1-Abuse and Neglect Prevention indicated the last date of revision documented April, 20215. The staff indicated the abuse and neglect policy is reviewed on an annual basis; however, an old version of the policy was posted. The staff member indicated they would post current version of policy.

On a specific date and time, a specific Inspector observed the current 2024 version of policy titled 2.1- Abuse and Neglect Prevention posted within the home.

Date Remedy Implemented: A specific date.

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

On a specific date, a specific Inspector informed a specific staff member that the home's visitor's policy was not posted within in the home. The staff member indicated they were not aware of the requirement but would immediately post the visitor's policy.

On a specific date, a specific Inspector observed the home's visitor's policy posted within the home.

Date Remedy Implemented: A specific date.

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee failed to seek the advice of the Resident's Council and the Family's Council, in carrying out the 2024 annual satisfaction survey. During an interview with a specific staff member, they acknowledged not seeking advice from the Resident's and Family's Councils regarding carrying out the 2024 annual satisfaction survey or

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seeking their input into questions on the survey.

Sources: Review of Resident and Family Council meeting minutes on specific dates, interview with a specific staff member.

WRITTEN NOTIFICATION: Air temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee failed to ensure air temperature measurements were completed and document at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night on specific dates.

Sources: Air Temperature logbook, interview with a staff member.

WRITTEN NOTIFICATION: Skin and wound care

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

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated; and

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The licensee failed to ensure that a specific resident who is dependent on staff for bed mobility was repositioned while in bed every two hours or more frequently as required during a specific month.

During an interview with a specific staff member they confirmed the resident did not have interventions included in the resident's written plan of care related to repositioning while in bed.

Sources: Specific resident's records, interview with three specific staff members.

WRITTEN NOTIFICATION: Registered dietitian

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

Non-compliance with: O. Reg. 246/22, s. 80 (2)

Registered dietitian

s. 80 (2) The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

The licensee has failed to ensure that a registered dietitian (RD) who is a member of the staff of the home is on-site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutritional care duties.

Sources: Observations, interviews with two specific staff.

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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 the implementation of any standard or protocol issued by the Director with respect to infection protection and control (IPAC), specifically section 10.4 (h) of the Infection Prevention and Control Standard for Long Term Care Homes (IPAC Standard) related to support for resident hand hygiene prior to meals. On a specific date during a specific meal service, it was observed by a specific Inspector that residents were not supported with hand hygiene.

A specific staff member confirmed that staff are expected to support residents with hand hygiene prior to meals.

Sources: Inspector observations, interview with a specific staff member.
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WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (3)

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the Residents' Council and Family Council, if any.

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The licensee failed to provide a copy of the home's Quality Improvement Plan (QIP) for 2024 to the Resident's and Family's Council. During an interview with a specific staff member, they indicated that a copy of the QIP for 2024 was not provided to the Resident's and Family's Council.

Sources: Resident's and Family's Council meeting minutes during a specific time, interview with a specific staff member.

COMPLIANCE ORDER CO #001 Skin and wound care

NC #009 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

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

This licensee shall:

1. Ensure that all residents with 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. Revise the licensee's Skin and Wound Program policy to include the clinically appropriate assessment instrument.

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3. Conduct training on the licensee's updated Skin and Wound Program policy related to the use of the clinically appropriate assessment instrument specifically designed for skin and wound assessments for all registered staff.
4. Maintain documentation of the training, including the names of the staff, their designation, and date training was provided.
5. Conduct weekly audits of those residents with altered skin integrity to ensure that registered staff are completing weekly assessments as per the licensee's revised skin and wound care program policy. The audits should continue for one month or until such time as compliance is achieved.
6. Maintain documentation of the audits, including when the audit was completed, who completed the audit, the findings and any corrective actions taken.

Grounds

1) The licensee failed to ensure that a specific resident received a specific assessment. A review of the resident's record identified the weekly skin and wound assessments were not completed during a specific period. During an interview with a specific staff member, they indicated the weekly comprehensive wound assessments were not completed.

Sources: Interview with three staff members, review of specific resident's records.,

2) The licensee failed to ensure a specific resident received a specific weekly assessment. A review of the resident's records identified the assessments were not completed during a specific time. During an interview with a specific staff member, they indicated the assessments were not completed for the specific resident.

Sources: interview with three staff members, review of specific resident's records.

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This order must be complied with by February 27, 2025.

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:

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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

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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.