

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137  
hamiltondistrict.mltc@ontario.ca

**Original Public Report**

<b>Report Issue Date:</b> December 28, 2022	
<b>Inspection Number:</b> 2022-1505-0001	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> Shalom Manor Long Term Care Home	
<b>Long Term Care Home and City:</b> Shalom Manor Long Term Care Home, Grimsby	
<b>Lead Inspector</b> Emily Robins (741074)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jennifer Allen (706480)	

**INSPECTION SUMMARY**

The Inspection occurred on the following dates: November 15-18, 2022, with November 17, 2022 conducted off-site, November 21-25, 2022 and November 28, 2022.

The following intakes were completed in this complaint inspection:

- Intake #00002094 was related to plan of care; and
- Intake #00012136 was related to skin and wound care and responsive behaviours.

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

- Responsive Behaviours
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Resident Care and Support Services

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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

The licensee has failed to ensure that the Infection Prevention and Control Standard for Long-Term Care Homes April 2022 issued by the Director is implemented. Specifically, residents were not assisted with hand hygiene prior to meals and staff did not perform hand hygiene as required by routine practices.

#### Rationale and Summary

(a) On a date specified in November 2022, none of the residents on the Terrace View Home Area were observed to be assisted with or to perform independently hand hygiene before starting their lunch meal. On another date specified in November 2022, none of the residents on the Orchards or Terrace View Home Area were observed to be assisted with or to perform independently hand hygiene before starting their lunch meal. In an interview with the Infection Prevention and Control Lead, they indicated that it would be expected that the staff would be washing the resident's hands before meals.

(b) On a date specified in November 2022, on the Terrace View Home Area, staff assisting residents with lunch and nursing staff administering medications were observed to not perform hand hygiene as required by routine practices. On another date specified in November 2022, on the Terrace View Home Area staff assisting residents with lunch were observed to not perform hand hygiene as required by routine practices. On the Orchards Home Area a nurse was observed not performing hand hygiene in accordance with routine practices while administering medications. The home's Infection Prevention and Control Program Description states: Hand hygiene is performed 1. before and after each resident contact and 2. before preparing, handling, serving or eating food.

As a result of staff not performing hand hygiene as required by routine practices the residents were at an increased risk of infection and illness.

**Sources:** Dining room observations in Terrace View and Orchards Home Areas, interview with Infection Prevention and Control Lead, Infection Prevention and Control Program Description.

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## WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: LTCHA, 2007 S.O. 2007, c.8, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care for personal hygiene and dental care for a specific resident was provided as specified in the plan.

#### Rationale and Summary

(a) For five months in 2022, a resident's plan of care specified for personal hygiene that they required assistance with maintaining daily appearance related to a health problem.

The care plan was reviewed by the home twice during these five months. The first time it was reviewed it identified that for personal hygiene the same resident required constant supervision of one staff with extensive physical assistance. The second time the care plan was reviewed it reinforced the resident's need for constant supervision with extensive physical assistance of one staff.

The Point of Care (POC) Documentation Survey Report generated for four of these five months identified there were multiple day and evening shifts that this resident was coded as Independent and no set-up was required.

(b) For three months in 2022, the same resident's plan of care specified they required assistance with dental care due to a health problem.

The care plan reviewed by the home during these three months stated that staff were to instruct and monitor this resident in proper oral hygiene techniques.

The POC Documentation Survey Report generated for these three months identified there were multiple day and evening shifts for dental care that this resident was coded as Independent and no set-up was required.

A Personal Support Worker confirmed that this resident since their admission required cueing and supervision of one staff for personal hygiene and dental care.

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A Registered Nurse stated that for staff to document correctly for the intervention to “instruct and monitor resident in proper oral hygiene techniques”, staff should code in the POC as supervision and set up assistance of one staff.

The Director of Care (DOC) indicated that the staff can provide different levels of care than what the care plan states so long as it aligns with plan of care, such as providing more than stated in the plan of care.

Failure to provide the care level specified in the plan of care for this resident increased the risk of the oral deterioration and poor daily hygiene.

**Sources:** Resident's plan of care, POC Documentation Survey Reports, Interview with PSW, RN and DOC.

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## **WRITTEN NOTIFICATION: Skin Assessments**

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

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

The licensee failed to ensure that a resident's wounds were reassessed at least weekly by a member of the registered nursing staff.

### **Rationale and Summary**

A resident had altered skin integrity. According to the Skin and Wound Care Program policy, registered staff were to reassess weekly using the appropriate assessment in Point Click Care (PCC). A Registered Nurse stated that any skin impairment of this nature is considered a wound and should be monitored weekly.

The PCC online documentation demonstrated there were missing weekly assessments.

A Registered Practical Nurse indicated that this resident's wounds should have had a weekly wound care assessment completed each week.

The DOC confirmed that the weekly wound care assessments by a registered staff should have been

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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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completed weekly.

Failure to assess this resident's wounds on a weekly basis may have increased the risk of delay in healing and establishing proper diagnosis and treatment.

**Sources:** Skin and Wound Care Program Policy, Point Click Care online documentation, interviews with RN, RPN and the DOC.

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