

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: October 18, 2024

Inspection Number: 2024-1148-0004

Inspection Type:
Proactive Compliance Inspection

Licensee: Sherwood Park Manor

Long Term Care Home and City: Sherwood Park Manor, Brockville

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 23, 24, 25, 26, 27, 2024 and October 1, 2, 3, 4, 7, 8, 9, 2024

The following intake(s) were inspected:

- Intake: #00127329-Proactive Compliance Inspection (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

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Residents' Rights and Choices
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 (1)

Posting of information

s. 85 (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations.

On September 23, 2024, the policies to promote zero tolerance of abuse and neglect of residents and the explanation of whistle-blowing protection were not posted.

The Facilities Manager posted the home's policies to promote zero tolerance of abuse and neglect of residents and the explanation of whistle-blowing protection that date.

Sources: Observation of the postings of required information, interview with the Director of Care (DOC) and Facilities Manager.

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Date Remedy Implemented: September 23, 2024

WRITTEN NOTIFICATION: Documentation

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 a resident's care set out in the plan of care was documented.

On specified dates in September 2024, a part of a resident's morning care was not documented in point of care (POC).

Sources: Review of resident's care plan and POC task documentation, interview with the Assistant Director of Care (ADOC) and other staff.

WRITTEN NOTIFICATION: Doors in a home

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

Non-compliance with: O. Reg. 246/22, s. 12 (2)

Doors in a home

s. 12 (2) The licensee shall ensure that there is a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

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The licensee has failed to ensure that on September 24, 2024, there was a written policy, which dealt with when doors leading to the secure outdoor patio must be unlocked or locked, to permit or restrict, unsupervised access to those areas by residents.

Sources: Observation of door safety, the secure outdoor patio, the residents; interview with the Administrator, the Life Enrichment Assistant Coordinator and Life Enrichment Programmers.

WRITTEN NOTIFICATION: Written Record of Program Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to keep a written record of the skin and wound care program evaluation.

Sources: Interviews with the Director of Care (DOC) and the ADOC.

The licensee has failed to keep a written record of the pain management program

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evaluation.

Sources: Interviews with the DOC and ADOC.

WRITTEN NOTIFICATION: Quarterly evaluation

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

Non-compliance with: O. Reg. 246/22, s. 124 (1)

Quarterly evaluation

s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246/22, s. 124 (1).

The licensee has failed to ensure that the Pharmacy and Therapeutics Committee met in July 2024, for the quarterly meeting, to evaluate the effectiveness of the medication management system in the home, and to recommend any changes necessary to improve the system.

Sources: Review of the Pharmacy and Therapeutics Committee meeting minutes and interview with the DOC.

WRITTEN NOTIFICATION: Emergency plans

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

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.

Emergency plans

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s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
 - ix. loss of one or more essential services,

The licensee has failed to ensure that on October 4, 2024, the emergency plans provided for dealing with the loss of the home's heating services.

Sources: Interview with the Facilities Manager.