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

Central West District
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Original Public Report

Report Issue Date: March 14, 2024
Inspection Number: 2024-1582-0001
Inspection Type: Complaint Critical Incident
Licensee: Corporation of the County of Simcoe
Long Term Care Home and City: Simcoe Manor Home for the Aged, Beeton

Lead Inspector	**Inspector Digital Signature**
Brittany Nielsen (705769)	Brittany Nielsen Digitally signed by Brittany Nielsen Date: 2024.03.18 14:38:59 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 23, 27-29 and March 1, 4-5, 2024

The following intake(s) were inspected:

- Intake: #00102132 - related to an unexpected death of a resident
- Intake: #00108776 - Complaint related to dietary care plans and referral process

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

Resident Care and Support Services
Food, Nutrition and Hydration

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee failed to ensure that when a resident was reassessed and their care needs changed, that their plan of care was reviewed and revised.

Rationale and Summary

An assessment was completed for a resident, which indicated the resident's care needs changed. The resident's plan of care was not updated until over a month later.

By failing to update the resident's plan of care in a timely manner, the resident was at risk of not receiving the proper care.

Sources: interviews with staff and record review of a resident's clinical records. [705769]

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee failed to ensure that staff and others involved in the different aspects of care of a resident collaborated with and complemented each other.

Rationale and Summary

An assessment was completed for a resident which identified that the resident's care needs changed. A referral was not sent to the Registered Dietitian (RD) to communicate this change.

A staff member said a referral should have been sent to the RD after receiving the assessment.

By failing to have all staff involved collaborate with the resident's care, the resident was at risk of not receiving the appropriate interventions.

Sources: interview with staff and record review of a resident's clinical records and the home's Referral to Dietitian policy.
[705769]

WRITTEN NOTIFICATION: Nutritional care and Hydration

Programs

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

Non-compliance with: O. Reg. 246/22, s. 74 (2) (d)

Nutritional care and hydration programs

s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,

(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and

The licensee failed to ensure that the nutritional care and hydration program included a system to evaluate food and fluid intake of a resident.

As per O. Reg. 246/22, s. 11 (1) (b), the licensee shall ensure that where the Act or Regulations required the licensee of a long-term care home to have, institute, or otherwise put in place any system, the licensee was required to ensure that the system was complied with.

A staff member said that when completing a quarterly assessment, all information for that resident during that quarter should have been reviewed.

Rationale and Summary

Staff completed a quarterly assessment for a resident and said they only reviewed a select portion of documentation for that resident during the quarter.

By not reviewing all the information during the quarter, the results of the assessment were an inaccurate representation of the resident's status for that quarter.

Sources: interviews with staff and record review of a resident's clinical records. [705769]

WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (e) (i)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and

The licensee failed to ensure the staff completed resident monthly weights as required for a resident.

As per O. Reg. 246/22, s. 11 (1) (b), the licensee shall ensure that where the Act or Regulations required the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

The home's Weight Management Program policy stated that each resident's monthly weight is to be completed by the seventh of each month.

Rationale and Summary
An assessment was completed that required a resident's weight. Their weight was not measured until after the assessment was competed, which was after the seventh of the month. When the weight was measured, the resident had a

significant weight change, which would have triggered a referral to the RD at the time of the assessment.

By failing to follow the home's Weight Management Program policy, the resident was at risk of not receiving the appropriate interventions in a timely manner.

Sources: interviews with staff and record review of a resident's clinical records and the home's Weight Management Program policy.
[705769]

WRITTEN NOTIFICATION: Weight Changes

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 75 1.
Weight changes
s. 75. Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.

The licensee failed to ensure that a resident with a weight change of five percent of body weight or more over one month was assessed using an interdisciplinary approach.

As per O. Reg. 246/22, s. 11 (1) (b), the licensee shall ensure that where the Act or Regulations required the licensee of a long-term care home to have, institute, or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

The home's Referral to Dietitian policy stated that a referral to the RD is to be

completed for any weight loss or gain of five percent or more over one month.

Rationale and Summary
A resident had a significant weight change over two months. No referral to the RD was completed at either time.

By failing to complete a referral to the RD when the resident had a significant weight change, there was risk of the resident not receiving the appropriate interventions for weight management in a timely manner.

Sources: interviews with staff and record review of a resident's clinical records and the home's Referral to Dietitian policy.
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