

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: March 6, 2025

Inspection Number: 2025-1254-0001

Inspection Type:

Critical Incident

Licensee: Smooth Rock Falls Hospital

Long Term Care Home and City: Smooth Rock Falls Hospital, Smooth Rock Falls

INSPECTION SUMMARY

The inspection occurred onsite on the following date: March 4, 2025

The inspection occurred offsite on the following date: March 5, 2025

The following intake was inspected:

- One intake related to improper care of a resident resulting in injury.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reporting certain matters to the Director

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

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

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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:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Director was immediately notified of allegations of improper care of a resident by not reporting an incident to the Director until the day after it was brought to the home's attention.

Sources: A Critical Incident Submission (CIS) report and a resident's electronic health record; and an interview with the Manager of Long-Term Care (LTC).

WRITTEN NOTIFICATION: Orientation

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

Non-compliance with: FLTCA, 2021, s. 82 (2)

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.

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9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations.

The licensee has failed to ensure that a staff member received training in all areas mentioned in section 82 (2) of the FLTCA, 2021, prior to performing their responsibilities in the home.

Sources: Interviews with the Manager of LTC, the Chief Nursing Officer (CNO), and a staff member.

WRITTEN NOTIFICATION: General requirements for programs

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

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken in relation to a resident under a specific program, including assessments, reassessments, and the resident's responses to interventions implemented, were documented over a set period of time.

Sources: A resident's health records, and an interview with the Manager of LTC.

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a staff member used safe lifting and repositioning techniques on a specific day, resulting in an injury to a resident.

Sources: A CIS report, a resident's health records, and interviews with a resident, a staff member, and the Manager of LTC.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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 any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was complied with.

Specifically, IPAC audits.

Sources: IPAC standard for Long-Term Care Homes (LTCHs), revised September 2023; and an interview with the CNO.

WRITTEN NOTIFICATION: Reports re: critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (5) 2. i.

Reports re critical incidents

s. 115 (5) A licensee who is required to inform the Director of an incident under subsection (1), (3) or (4) shall, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

2. A description of the individuals involved in the incident, including,
 - i. names of any residents involved in the incident,

The licensee has failed to ensure that the Director was informed of the name of the resident involved in a critical incident by the date requested.

Sources: A CIS report and an interview with the Manager of LTC.

COMPLIANCE ORDER CO #001 General requirements

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 3.

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:

3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- 1) Review and update, in accordance with evidence-based practices, and/or with prevailing practices:
 - a) all policies within the Restorative Care program, including those related to safe lifts, transfers, and repositioning of residents; and
 - b) the Pain Management Program;
- 2) Keep a record of the reviews completed in 1) a) and b), including the date(s) and names of those who participated, changes made, and the date(s) on which any changes were implemented;
- 3) Provide in-person education on the updated programs in 1) to all nursing and personal support workers, including agency staff; and
- 4) Keep a record of 3), including the dates the education was provided, the names and signatures of the staff members who attended the education, and the name(s) of the staff member(s) who provided the education.

Grounds

The licensee has failed to ensure that the restorative care program required under section 13 (1) of the FLTCA, 2021 and the pain management program required under section 53 (1) 4. of the Ontario Regulation (O. Reg) 246/22 were evaluated and updated at least annually, in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Rationale and Summary

The home was asked to provide the latest versions of their pain management and safe resident handling programs.

A review of the documents provided revealed that the programs had not been reviewed annually as required.

When the licensee failed to evaluate and update their restorative care and pain

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management programs on an annual basis, in accordance with evidence-based practices, residents were at risk of receiving out-of-date care approaches.

Sources: Two of the home's required programs and an email correspondence with the home; and an interview with the Manager of LTC.

This order must be complied with by May 23, 2025

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REVIEW/APEAL 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
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

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Director

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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.