

Amended Public Report (A3)

Report Issue Date November 16, 2022

Inspection Number 2022_1290_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Mohawk Council of Akwesasne
P.O. Box 579, Cornwall, ON, K6H5T3

Long-Term Care Home and City

Tsionkwanonhsote
70 Kawehnoke Apartments Road, Akwesasne, ON, K6H5R7

Lead Inspector

Amanda Nixon (148)

Inspector who Amended Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 18-22, 2022

The following intake(s) were inspected:

- 004085-22 (Complaint) related to the assessment of a resident and communication with substituted decision maker.
- 020796-21 (Complaint) related to the discharge and visitation for a resident

AMENDED INSPECTION REPORT SUMMARY

Inspection dates were not included in the Original Licensee and Public Reports. Amended Inspection Report to include the dates the inspection occurred as well as corrections to the intake numbers.

The Licensee Report # 2022_1290_0001 was originally issued on July 28, 2022.

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

- Admission, Absences & Discharge

- Infection Prevention and Control (IPAC)
- Resident Care and Support Services
- Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION PLAN OF CARE

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

Non-compliance with: LTCHA, 2007 s.6(7)
 The licensee has failed to ensure that a resident was provided with a diagnostic test as set out by the nurse practitioner.

Rationale and Summary
 The Nurse Practitioner instructed nursing staff to collect samples for the purposes of a diagnostic test, due to the residents health status. Nursing progress notes indicated that at least sixteen days had passed whereby the samples required had not yet been collected. Upon review of the health care record and discussion with the Acting DOC the home was unable to demonstrate that the samples were collected as set out.

Testing results that may have been valuable in the assessment of the resident’s condition were not available to inform care and services.

Sources:
 Health care record of a resident, interviews with an RN and the Acting DOC
 [148]

WRITTEN NOTIFICATION DOORS IN THE HOME

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

Non-compliance with: O. Reg. 246/22 s.12 (1) 3
 The licensee has failed to ensure that all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

Rationale and Summary
 Doors leading to non-residential areas including the south storage room, west utility room and photocopy room were observed to be propped open. Doors were not kept closed and locked at times when they were not supervised by staff.

Non-residential areas may pose risk to residents and to mitigate that risk doors leading to such areas should be maintained closed and locked.

Sources:

Observations of doors leading to non-residential areas and interview with Administrator [148]

COMPLIANCE ORDER #001 DOORS IN THE HOME

NC#003 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s.12(1)1

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with FLTCA, 2021, s.12(1)1

The licensee shall:

- a) Review the organization of the entry screening area at the front entrance, to ensure that the double doors leading to the outside of the home are kept closed and locked;
- b) Ensure that the double doors leading to the outside of the home have a door access control system on at all times; and
- c) Ensure that the double doors leading to the outside of the home have the audible door alarm engaged.

Grounds

Non-compliance with: O. Reg. 246/22 s.12 (1) 1

The licensee has failed to ensure that all doors leading to the outside of the home were kept closed, locked, equipped with a door access control system that is kept on at all times and equipped with an audible door alarm.

Rationale and Summary

The home has a set of double doors that lead to the outside of the home, where entry screening is completed. The screening area was organized in such a way, that the double doors were propped open. At no time during the inspection were the doors observed to be

closed and locked. In addition, the home had disengaged the door access control and audible door alarm system.

Elopement risk may exist when doors leading to the outside are not properly secured as required.

Sources:

Observations of doors leading to the outside and interview with Administrator [148]

This order must be complied with by [August 8, 2022](#)

COMPLIANCE ORDER #002 AIR TEMPERATURE

NC #004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 24(2)1

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with FLTCA, 2021, s.24(2)

The licensee shall:

- a) Ensure that the air temperature for two resident rooms are measured and documented in two different parts of the home,
 - i) One resident bedroom on the south unit is to be measured and documented and one resident bedroom on the west unit is to be measured and documented.

Grounds

Non-compliance with: O. Reg. 246/22 s.24 (2)1

The licensee has failed to ensure that the temperature was measured and documented in at least two resident bedrooms in different areas of the home.

Rationale and Summary

The air temperature records were reviewed from July 1-18th, 2022. The records demonstrated that resident bedrooms were not measured and documented in different areas of the home on July 3, 5, 6, 9 and 10th.

When air temperatures are not monitored as required, there is a risk that the heat related illness prevention and management plan will not be implemented when needed.

Sources:

Temperature Log and Air Quality Temperature documentation and interviews with the Administrator and MDS Coordinator.
[148]

This order must be complied with by [August 15, 2022](#)

COMPLIANCE ORDER #003 AIR TEMPERATURE

NC #005 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 24 (3)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O.Reg 246/22, s.24(3)

The licensee shall:

- a) Develop a Temperature Log which supports the daily monitoring of two resident bedrooms and a common area, whereby air temperatures are documented in the morning, in the afternoon between 12pm and 5pm and evening or night;
- b) Provide training to staff, who implement air temperature monitoring, on the newly developed Temperature Log;
 - i) Keep a record of the training provided, including the date the training was provided and the staff who attended the training; and
- c) Complete a daily documented audit of the newly developed Temperature Log for 7 days to ensure that two resident bedrooms in different parts of the home and a common space are monitored and documented daily at the required times of day.
 - i) Based on the daily audits take corrective action, as needed, and document corrective action taken

Grounds

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

The licensee has failed to ensure that the air temperature was measured and documented in at least two resident bedrooms and one common area at least once every morning, afternoon and evening/night.

Rationale and Summary

The air temperature records were reviewed from July 1-18th, 2022. The records demonstrated that resident bedrooms and common areas were not monitored at least once every morning, afternoon and evening or night. The temperature log created for recording air temperatures does not support the measure of air temperatures three times a day, as required.

When air temperatures are not monitored, there is a risk that the heat related illness prevention and management plan will not be implemented when needed.

Sources:

Temperature Log and Air Quality Temperature documentation and interviews with the Administrator and MDS Coordinator.

[148]

This order must be complied with by August 15, 2022

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. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and

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

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa ON K1S 3J4
Telephone: 1-877-779-5559
OttawaSAO.moh@ontario.ca

(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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: 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.



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

Inspection Report under the
Fixing Long-Term Care Act, 2021

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