

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: May 24, 2024	
Inspection Number: 2024-1290-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: Mohawk Council of Akwesasne	
Long Term Care Home and City: Tsionkwanonhsote, Akwesasne	
Lead Inspector Maryse Lapensee (000727)	Inspector Digital Signature
Additional Inspector(s) Mark McGill (733) Lisa Kluke (000725)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 26, 27, 28, 2024 and April 2, 3, 9, 10, 11, 12, 2024

The following intake(s) were inspected:

- Intake: #00111384 - PCI

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Skin and Wound Prevention and Management
Medication Management

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Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

Windows

s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimeters.

Rationale and Summary

In March, 2024, inspector #733 measured the window of a room and in April, 2024,

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inspector #000727 measured the window of another room, the opening of both windows measured 21 centimeters (cm).

Environmental Service Supervisor (ESS) confirmed that their staff were responsible to put the windows back in place when they remove the air conditioners and stoppers were in place to prevent windows from opening more than 15 centimeters. The ESS acknowledged that they did not audit the windows after they were installed. The ESS confirmed that the stoppers were installed upside down for both windows and that's why they opened more than 15 cm.

By not making sure that the windows did not open more than 15 cm, there was a potential risk of injury for the residents.

Sources: observations of the windows in two rooms, interview with ESS. [000727]

WRITTEN NOTIFICATION: Care conference

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

Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)

Care conference

s. 30 (1) Every licensee of a long-term care home shall ensure that,

(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee has failed to ensure that a care conference of the interdisciplinary team providing resident's care was held at least annually to discuss the plan of care

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and any other matters of importance to the resident and their substitute decision-maker.

Rationale and Summary

A resident's substitute decision-maker reported having requested their annual care conference and this was not completed to date.

The Director of Care reported after reviewing the care conference manual for the residents in the home, that no resident received any care conference in 2023 or in 2024 to date.

Failing to complete annual care conferences prevented a time for discussion for the plan of care and any other matters of importance to the resident and their substitute decision-maker to be addressed.

Sources: Interviews with a resident's substitute decision-maker, the Director of Care and record review of the care conference binder for the home. [000725]

WRITTEN NOTIFICATION: Dining and Snack Service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

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The licensee has failed to ensure that food and fluids being served to residents were safe and palatable.

Rationale and Summary

The licensee is required to measure the temperature of both hot and cold menu items that are served to residents to ensure that they are within both a safe temperature range in terms of reducing the risk of food-borne illness and at a palatable temperature to ensure optimal enjoyment.

In March, 2024, during lunch in a specific wing dining room kitchen, it was observed by the Inspector that the Daily Production Temperature Audit form was not completed by a staff member who was the cook for that meal on that day. The staff member was aware that the audit was to be completed for every meal.

By not completing the temperature audit there was a potential risk that the food and fluid served may have been held at a temperature that increased the risk of food-borne illness as well as at a temperature that reduced the palatability of the items being served.

Sources: Daily Production Temperature Audit form, observations of inspector #733 on March, 2024, interview with Food Services Supervisor. [733]