

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

Ottawa District 347 Preston Street, Suite 410 Ottawa, ON, K1S 3J4 Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: June 28, 2024

Inspection Number: 2024-1290-0002

Inspection Type: Critical Incident

Licensee: Mohawk Council of Akwesasne

Long Term Care Home and City: Tsiionkwanonhsote, Akwesasne

### **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): June 25-28, 2024.

The following intake(s) were inspected:

- Intake: #00101154/ CI# 2800-000006-23- related to COVID 19 outbreak declared November 06, 2023
- Intake: #00116020/ CI #2800-00004-24- related to alleged resident to resident physical abuse
- Intake: #00116672/ CI #2800-000005-24- related to resident care



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The following Inspection Protocols were used during this inspection:

Infection Prevention and Control Prevention of Abuse and Neglect Resident Care and Support Services Responsive Behaviours

## **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 (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 provision of care provided to a resident was documented accurately for a specified month.

Source: Resident's documentation records, interviews with Director of Care (DOC) and other staff

#### WRITTEN NOTIFICATION: Responsive Behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.

Responsive behaviours

s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:



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2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee has failed to ensure that written strategies, including techniques and interventions, to prevent, minimize or respond to responsive behaviours are developed to meet the needs of a resident. Specifically, a resident's written care plan did not include written strategies or interventions in place to manage their responsive behaviours.

Source: Resident's written care plan and interviews with DOC and other staff

# WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 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 the infection prevention and control (IPAC) standard issued by the Director was followed by staff related to the hand hygiene program. Specifically, IPAC Standard 10.4 (h).

Source: Inspector observations and interview with staff