

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: April 14, 2023	
Inspection Number: 2023-1296-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: Mirdem Nursing Homes Ltd.	
Long Term Care Home and City: Victoria Gardens Long Term Care, Hamilton	
Lead Inspector Lesley Edwards (506)	Inspector Digital Signature
Additional Inspector(s) Michelle Warrener (107)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following dates: April 4, 5, 6, 11, 12, 13, 2023</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> Intake: #00016186 - Complaint- prevention of abuse and neglect, falls prevention, continence care and dining services Intake: #00022287 - Critical Incident (CI) - falls prevention

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

- Contenance Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

FLTCA, 2021, s. 3 (1) 19. iv.

The licensee has failed to ensure that residents' personal health information was kept confidential as per the Personal Health Information Protection Act, 2004.

Rationale and Summary

On an identified date in April 2023, a resident was observed in a shared room with a contact precaution sign on the door that included the resident name. The Infection Prevention and Control Lead (IPAC) explained that the resident's name on the precaution sign were in place to ensure all staff knew which resident was on contact precautions. They acknowledged that this information was considered personal health information and therefore should be kept confidential.

Sources: Room observation of a resident; interview with IPAC lead.

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Date Remedy Implemented: April 5, 2023

WRITTEN NOTIFICATION: Falls prevention and management

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to comply with the falls prevention and management program when a resident sustained a fall and required monitoring.

Rationale and Summary

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure when a resident falls,

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the resident was monitored for injuries that may not be immediately identified every shift for 72 hours and documented in the resident's progress notes. Specifically, staff did not comply with the licensee's policy for "Falls Prevention and Management", dated January 2023, which was included in the licensee's Nursing Manual.

A resident's clinical record identified the resident sustained two falls on identified dates in February 2023. Review of the clinical record identified that progress notes were not consistently completed for every shift in 72 hours.

Failure to follow the Falls Prevention and Management policy as required had the potential for the resident to not be assessed for injuries in a timely manner.

Sources: Review of a resident clinical record; review of the home's policy Fall Prevention and Management (NM-02-01-32, revised January 2023); interviews with DOC and other staff.
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WRITTEN NOTIFICATION: Additional training- direct care staff

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

Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

The licensee has failed to ensure that all staff who provided direct care to residents received training on falls prevention and management in 2022.

Rationale and Summary

Review of the home's training records for direct care staff on falls prevention and management identified that the training completion rate for 2022 was 87 per cent.

There was risk that all direct care staff may not be familiar with the home's falls prevention and management program when they did not receive annual training as required.

Sources: Training records; interview with Administrator and other staff.
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