

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: October 7, 2024	
Inspection Number: 2024-1592-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Corporation of the City of Kawartha Lakes	
Long Term Care Home and City: Victoria Manor Home for the Aged, Lindsay	
Lead Inspector The Inspector	Inspector Digital Signature
Additional Inspector(s) The Inspector	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): September 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00124672 - Proactive Compliance Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration

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Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

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 (2)

Plan of care

s. 6 (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

During a proactive compliance inspection skin and wound care for two residents was reviewed.

Review of the Treatment Administration Records (TAR) for two residents indicated that on various dates in August and September, 2024 dressings were not changed as the residents were sleeping as coded in the TAR as '7'. A review of the clinical records indicated that the dressing changes were not endorsed for the next shift to complete and were subsequently not completed.

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An RN indicated that a treatment can be delayed and an alert can be sent to pop up that notifies the next shift that it needs to be done. The RN confirmed after reviewing the clinic records for the two residents that this had not occurred on dates in August and September, 2024 when the TAR documentation indicated that residents had been sleeping at the time the dressing changes were to be completed.

Failing to ensure that the care set out in the plan of care for residents was based on their preferences could result in the resident's needs not being met and care not being provided as ordered.

Sources: clinical records for residents, interviews with Skin and Wound lead and RN [741754]

WRITTEN NOTIFICATION: Plan of care

NC #002 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.

Rationale and Summary:

During a proactive compliance inspection skin and wound care for two residents was reviewed.

A review of a residents' treatment orders indicated that a dressing was to be changed three times per week and as needed commencing on a specific day in August, 2024. A review of the Treatment Administration Record (TAR) and progress

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notes indicated that the dressing was not changed on multiple dates in August, 2024. A review of another resident's treatment orders indicated that commencing on a specific day in August, 2024 a dressing was to be changed twice weekly. A review of the TAR and progress notes indicated that the dressing had not been changed on multiple dates in August, 2024.

The Skin and Wound lead confirmed that the documentation for two residents indicated that dressings were not completed as ordered on multiple dates in August, 2024.

An RN confirmed that if a dressing is not signed off in a resident's TAR or in the progress notes it would be considered as not being completed.

Failure to complete and document dressing changes put the residents at risk of wound deterioration and prolonged healing.

Sources: clinical records for two residents, interviews with Skin and Wound lead and RN
[741754]

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's

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specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

- (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
- (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
- (iii) contact surfaces;

Rationale and Summary:

During a proactive compliance inspection a disinfectant wall unit was found in the housekeeping closet which was being used by the home to dilute and dispense the general disinfectant used for cleaning and disinfection of contact surfaces in resident areas.

A housekeeper confirmed that housekeeping staff were expected to test the concentration of Oxivir disinfectant dispensed from the wall unit, once a week and record the readings on the Disinfectant Titration Tracking Form – Housekeeping.

The Building Services Manager confirmed that the expectation is that concentration of the disinfectant dispensed from the wall unit is to be tested once weekly by housekeeping staff and that the results of the testing are to be recorded on the Disinfectant Titration Tracking Form in the Housekeeping cupboard in each home area.

Record review of the Disinfectant Titration Tracking Forms in the Housekeeping cupboards on two different units indicated that weekly testing of concentration of the disinfectant was not monitored weekly from January 1st to September 9, 2024

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Review of the LTC homes' Cleaning Protocol XII-D-10.00 indicates the Housekeeping Team will sign off any required forms or checklists.

By failing to ensure that staff followed protocols requiring checklists for monitoring the dilution of disinfectant be signed off at the specified frequency, the licensee increased the risk for health care associated infections.

Sources: interviews with housekeeper and Building Services Manager, review of Disinfectant Titration Tracking Forms, LTC homes' Cleaning Protocol[741754]

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

During a proactive compliance inspection an Infection Prevention and Control (IPAC) checklist is completed requiring verification that monitoring of residents for symptoms of infection was completed on every shift.

A resident's progress notes, including infection notes, indicated that they were symptomatic with signs of an infection on a specific day in September, 2024. Results of a test for infection were positive. Review of the Treatment Administration Record, Daily Resident Status Assessments and Progress notes indicated that the

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resident was not assessed for signs and symptoms of infection on each shift until the infection was resolved.

An RN confirmed that the expectation is that when a resident is identified as having a sign or symptom of infection that they are monitored on every shift until the infection is resolved. The RN reviewed documentation in Point Click Care (PCC) and confirmed that the resident had not been monitored for signs of infection on every shift from the time they presented with symptoms until the infection was resolved.

The IPAC lead confirmed that when a resident develops symptoms the expectation is that they are monitored for signs of infection on every shift.

Failure to monitor residents for signs and symptoms on every shift may increase the risk that they are not receiving the care and treatment required.

Sources: clinical records for resident, interviews with RN and IPAC lead
[741754]