Ontario

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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: May 27, 2024

Inspection Number: 2024-1165-0004

Inspection Type:
Complaint
Critical Incident

Licensee: Vision '74 Inc.

Long Term Care Home and City: Vision Nursing Home, Sarnia

Lead Inspector	**Inspector Digital Signature**
Brandy MacEachern (000752)	Brandy MacEachern Digitally signed by Brandy MacEachern Date: 2024.06.04 09:57:03 -04'00'

Additional Inspector(s)
Stacey Sullo (000750)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 8, 9, 10, 13, 14, 2024

The following intake(s) were inspected:

- Intake: #00110113 / CIS 2659-000004-24 -related to a missing resident
- Intake: #00113407 -Complaint related to safe and secure home
- Intake: #00113919 -Complaint related to safe and secure home
- Intake: #00114002 -Complaint related to safe and secure home

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

Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (3) 1.
Reports re critical incidents
s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):
1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.

a) The licensee has failed to ensure that the Director was informed when a resident was missing for less than three hours and returned to the home with no injury or adverse change in condition.

Rationale and Summary
A complaint was received by the Director related to safe and secure home concerns, within the complaint it was noted that a resident had eloped from the long-term care home.

In interview, the Administrator informed that on a specific date, staff could not locate a resident and when the resident was found they were unharmed. After review of

the home's internal report of the incident, it noted that the resident was missing for less than three hours. The Director of Care (DOC) informed that a Critical Incident System (CIS) report had not been completed for this incident.

Sources: Staff interviews, the home's internal sentinel report.

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b) The licensee has failed to ensure that the Director was informed, no later than one business day each time a resident went missing, for less than three hours and who returned to the home with no injury or adverse change of condition.

Rationale and Summary
On specific dates a resident eloped from the Long-Term Care Home (LTCH). During each of the resident's elopements the resident had exited for less than three hours.

A staff member confirmed during an interview that the resident eloped from the LTCH on specific dates. Progress notes also indicated that the resident had eloped from the LTCH on these specific dates.

During an interview with the Director of Care (DOC), they confirmed the LTCH never submitted any critical incident reports to the Ministry of Long-Term Care (MLTC) regarding the resident's elopements for these specific dates.

There was a low-level risk as the resident had eloped from the LTCH on specific dates, and the licensee was required to report this to the Director, no later than one business day.

Sources: Resident progress notes, care plan, orders in PointClickCare, resident observations and staff interviews.

[000750]

COMPLIANCE ORDER CO #001 Home to be a safe, secure environment

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 5

Home to be safe, secure environment

s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with FLTCA, 2021, s. 5 [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

A) Prepare, submit, and implement a written plan outlining a review of each resident's plan of care who is at risk of elopement and include revised actions or additional interventions that will be implemented to provide a safe and secure environment

B) Maintain a documented record of the of the preparation of the compliance plan, including the dates the preparation took place and name(s) with designation(s) of the person(s) responsible

C) Implement the actions outlined in the written plan by the Compliance Due Date

D) Maintain a documented record of the actions implemented, the dates of implementation and the name(s) with designation(s) of the person(s) responsible

Please submit the written plan for achieving compliance for inspection #2024-1165-0004 to Brandy MacEachern (000752), LTC Homes Inspector, MLTC, by email to

londondistrict.mltc@ontario.ca by June 28, 2024.
Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

a) The licensee has failed to ensure that the Long-Term Care Home (LTCH) was a safe and secure environment for its residents.

Rationale and Summary
On specific dates, a resident eloped from the LTCH. A staff member confirmed during an interview that the resident eloped from the LTCH on specific dates.

Progress notes also indicated that the resident had eloped from the LTCH on these specific dates.

There was a moderate risk, as the resident was not always provided with a safe and secure home.

Sources: Resident's progress notes, care plan, resident observations and staff interviews.

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b) The licensee has failed to ensure that the long-term care home was a safe and secure environment when a resident eloped.

Rationale and Summary
A Critical Incident (CIS) Report was received by the Director concerning the elopement of a resident.

The CIS report informed that the resident had eloped out of the Long-Term Care Home (LTCH). The resident was returned to the home and was not harmed. The Director of Care (DOC) confirmed all these events in interview.

There was risk of harm to the resident when they had eloped from the LTCH.

Sources: CIS report, staff interviews, resident progress notes

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This order must be complied with by June 28, 2024

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:
A Compliance Order (HP) was issued related to FLTCA, 2021 s. 5 safe and secure home on 2023-10-11 as part of inspection 2023-1165-0006

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.
Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #002 Plan of Care

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
Specifically, the licensee must:

A) The DOC or designate will complete once weekly audits to ensure that care is provided related to a specific care task, as specified in the plan of care for all residents requiring this specific care, audits will continue until an inspector has

complied the order.

B) Audits will include the name of the person completing the audits, date and time of the audits, resident names the audits were completed for, any concerns identified, and corrective actions taken as a result of the audits.

Grounds
a) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Rationale and Summary
The plan of care for a resident stated the resident was at risk for a specific action which required staff to complete a specific care task, at specific times.

A staff member acknowledged during an interview that the expectation was for staff to complete the specific care task, at specific times for the resident per the resident's care plan. The staff member acknowledged and confirmed that there were blanks in the documentation of the resident's specific care tasks, which meant the tasks were not completed.

There was a moderate risk, as the resident was not provided with the specific care tasks as directed in the resident's care plan.

Sources: Resident's progress notes, care plan, reports in PointClickCare, resident observations and staff interviews.

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b) The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan, when specific care tasks were not completed.

Rationale and Summary
A resident's plan of care indicated that they required a specific care task to be completed, at specific times. Task documentation for this these specific tasks were noted to be blank on a specific date, for a specific time interval. The Director of Care (DOC) advised in interview that if the documentation was blank, it was not done.

There was a risk to the resident when the specific care tasks were not completed as set out in their plan of care.

Sources: Staff interviews, resident's care plan, resident's task documentation.

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This order must be complied with by June 28, 2024

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;
(b) any submissions that the licensee wishes the Director to consider; and
(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

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) 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:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) 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
e-mail: 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.