

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: August 13, 2024

Inspection Number: 2024-1165-0005

Inspection Type:

Critical Incident
Follow up

Licensee: Vision '74 Inc.

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 30, 31, 2024 and August 1, 6, 7, 2024

The following intake(s) were inspected:

- Intake: #00117217 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (7)
- Intake: #00117218 - Follow-up #: 1 - FLTCA, 2021 - s. 5
- Intake: #00121131 - Resident missing Resident <= 3 Hours
- Intake: #00121581 - Alleged physical abuse to Resident by staff.
- Intake: #00121673 -Missing resident <= 3 Hours. No injury.

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

INSPECTION RESULTS

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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)

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

Rationale and Summary

On July 30, 2024, resident's room was observed to not have the interventions in place.

During an interview with staff, they acknowledged that the posted interventions were to be in place.

Observations on July 31, 2024, confirmed the interventions for the resident were in place.

Inspector reviewed resident Treatment Administration Record (TAR); checking for the intervention which was not listed as a treatment.

During an interview with staff, they confirmed the intervention would be updated on the resident's TAR. On August 1, 2024, inspector observed that the interventions were in place and the TAR was updated to reflect the intervention.

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There was low risk and low impact to the resident, as the interventions were not in place.

Sources

Resident care plan, interviews with staff, and observations of resident.

[000832]

Date Remedy Implemented: August 1, 2024

WRITTEN NOTIFICATION: Plan of Care

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

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

Rationale and Summary

The Critical Incident (CI) report submitted to the Ministry of Long-Term Care outlined an incident that caused risk of injury to resident. Resident's care plan stated as an

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intervention for risk, they are to receive safety checks.

During an interview with staff, they confirmed resident did not receive their safety checks as outlined in their care plan.

There was a risk to resident as their intervention was not implemented as per their care plan at the time of incident.

Sources

Resident care plan, CI report, and interview with staff.

[000832]

WRITTEN NOTIFICATION: Duty to Protect

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

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

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The licensee has failed to protect resident from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Section 2 of Ontario Regulation (O. Reg) 246/22 defines "physical abuse" as the use of physical force by anyone other than a resident that causes physical injury or pain.

Rationale and Summary

A staff member had physically grabbed resident resulting in injury.

During an interview with resident they confirmed a staff member had physically abused them.

Staff confirmed during an interview that resident was physically abused by a staff member which resulted in injury to resident.

Progress notes of resident confirmed incident stating a staff member physically grabbed resident that resulted in an injury to resident.

There was a risk to resident who was physically injured because of the actions taken by a staff member.

Sources

Critical incident, interviews with staff, and resident, record review of progress notes in Point Click Care (PCC) and multiple observations of resident.

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WRITTEN NOTIFICATION: Licensing

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with the conditions to which the licensee is subject.

Rationale and Summary

Specially, on June 26, 2024, the home submitted a compliance plan to the Ministry of Long-term Care (MLTC) that stated the home would implement the Wander Guard Blue system. The compliance due date was June 28, 2024, as the home was ordered to.

A) Prepare, submit, and implement a written plan outlining a review of each resident's plan of care who is at risk for wandering or 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

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Staff confirmed during interviews that the Wander Guard Blue system has been ordered and has not yet been implemented. During interviews with staff who confirmed the Wander Guard Blue system would be fully implemented in the coming weeks.

There continues to be a moderate risk of elopement occurring by residents living in the home as the previous CO #1 issued under FLTCA 2021, s. 5- Safe and Secure home was not complied with since the home failed to implement the Wander Guard Blue system by the compliance due date of June 28, 2024, per the home's compliance plan.

Sources

Interviews with staff, and record review of the compliance plan submitted to MLTC on June 26, 2024, by the home.

[000750]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

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The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #

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 an order under s. 155 of the Act.

Compliance History:

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.

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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.