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

Hamilton District
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Original Public Report

Report Issue Date: July 10, 2023	
Inspection Number: 2023-1593-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: City of Hamilton	
Long Term Care Home and City: Wentworth Lodge, Dundas	
Lead Inspector Dusty Stevenson (740739)	**Inspector Digital Signature** Dusty Stevenson Digitally signed by Dusty Stevenson Date: 2023.07.13 12:25:40 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 21, 23, 28-30, 2023 and July 4-5, 2023

The following intakes were inspected:

- Intake #00084559 - Complaint related to resident's oral care
- Intake #00021486/Critical Incident (CI)#M592-000002-23 and Intake #00084106 /CI#M592-000003-23 and Intake #00085267/CI#M592-000006-23 related to falls prevention and management

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

Resident Care and Support Services
Infection Prevention and Control
Pain Management
Falls Prevention and 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 (1) (c)

The licensee has failed to ensure that clear direction was provided to staff related to falls interventions in place for a resident.

Rationale and Summary

On a day in June 2023, a resident was observed in their room in bed. A falls intervention was in place on one side of their bed. The resident's plan of care did not give specific instruction to staff as to the placement of this falls intervention.

Two staff members both indicated that this resident required a falls intervention placed on both sides of their bed, and the home's Falls Lead indicated the same.

On a day in July 2023 the plan of care was revised and indicated that the resident required a falls intervention placed on both sides of the bed.

The following day the falls interventions in place in the resident's room were observed and these reflected the direction provided in the plan of care.

As a result of the unclear direction provided in the plan of care, staff did not provide the resident with the falls interventions they required, which put them at increased risk of injury if they were to fall from bed.

Sources: resident clinical records, interviews with staff, observations of resident's room

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WRITTEN NOTIFICATION: Pain Management

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (1) 1.

The licensee failed to comply with the pain management program to provide an assessment method for a resident who was cognitively impaired and unable to communicate their pain.

In accordance with O. Reg 246.22 s. 11 (1) (b) the licensee is required to ensure the pain management program provides for communication and assessment methods for residents who are unable to communicate their pain or are cognitively impaired, and must be complied with.

Specifically, a staff member did not comply with the home's Pain Assessment Procedure, captured in the home's Pain Management Program.

Rationale and Summary

The home's Pain Management Procedure directed staff to use the PAINAD assessment scale for non-communicative / cognitively impaired residents.

During the time period of February 2 - April 15, 2023, a staff utilized the numerical scale for pain assessment 150 times over 40 days for a resident when assessing pain. The resident was cognitively impaired and unable to communicate their pain.

The staff member indicated that they were aware they should use the PAINAD scale to assess the resident but on some occasions they did not use it.

The DOC indicated that the expectation is that the PAINAD scale be used for residents who are cognitively impaired, and that PAINAD was to be used for the specific resident.

As a result, the resident was at risk of having unmanaged pain when they were not assessed using the appropriate pain scale.

Sources: interview with staff, resident clinical records, Pain Management Program (Policy No. RC-03-04-01, last reviewed 2023/04/21)

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