

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report	
Report Issue Date: October 2, 2023	
Inspection Number: 2023-1019-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: West Lake Terrace, Picton	
Lead Inspector Carrie Deline (740788)	Inspector Digital Signature
Additional Inspector(s) Kayla Debois (740792)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 28 - 31, 2023 and September 1, 5 - 7, 2023

The following intake(s) were inspected:

- Intake: #00095200 - PCI (Proactive Compliance Inspection)

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

- Medication Management
- Food, Nutrition and Hydration
- Safe and Secure Home
- Whistle-blowing Protection and Retaliation
- Quality Improvement
- Pain Management
- Falls Prevention and Management
- Resident Care and Support Services

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Skin and Wound Prevention and Management
Housekeeping, Laundry and Maintenance Services
Residents' and Family Councils
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices

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. 85 (3) (r)

The licensee has failed to ensure that the Whistle Blowing protection policy was posted in the LTCH.

Rationale and Summary:

While conducting a tour of the inspector observed that the Whistle Blowing protection policy was not located on the policy board where the other mandatory policies were posted.

During an interview with Administrator and DOC, it was confirmed that the policy was not on the board or anywhere else in the home.

The Administrator posted the policy on the policy board on during the inspection and it was observed by the Inspector.

By not ensuring that policy is posted staff, visitors and residents may not be aware of the policy.

Sources:

Observation and Interview with Administrator and DOC.
[740788]

Date Remedy Implemented: August 29, 2023

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WRITTEN NOTIFICATION: Plan of Care - Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the documentation for the daily food and fluid intake for residents was completed.

Rationale and Summary:

In a review of the food and fluid intake flow sheets for three residents for the month of August, it was noted that there were no documented entries for the resident's food intake for numerous meals. There were no documented entries for fluid intake on numerous occasions.

During a staff interview they confirmed they do not always have the time to complete food/fluid intake documentation in the binder but it should be documented there.

Failing to ensure resident's intake is documented can increase the risk of uncertainty whether the food or fluids were given or not.

Sources:

Daily food and fluid intake documentation and interview with staff.
[740792]

The licensee has failed to ensure that the documentation for resident bathing for was completed.

Rationale and Summary:

In a review of two residents PSW Observational flow sheets for a two week period of time it was noted that there were no documented entries for bathing on four occasions.

The DOC confirmed that they do not always complete the flow sheets as expected. The DOC confirmed that the bathing documentation should be completed.

Failing to ensure resident's bathing is documented can increase the risk of uncertainty whether the bathing occurred or not.

Sources:

PSW Observation flow sheet documentation and an interview with the DOC.

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[740788]

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

Non-compliance with: FLTCA, 2021, s. 43 (1)

The licensee has failed to ensure that the resident and family/caregiver experience survey is taken of the residents and their families/caregivers at least once in every year.

Rationale and Summary:

Inspector reviewed the home's most recent resident and family/caregiver survey results and it was noted that the survey was completed in 2021.

In an interview with the home's Administrator, they confirmed that the survey is to be completed annually but was not completed in 2022. They stated that the most recent survey was completed in 2021.

Failing to complete the resident and family/caregiver experience survey annually can decrease the home's ability to improve on care concerns and effectively respond to issues identified.

Sources:

Interview with Administrator.

[740792]

WRITTEN NOTIFICATION: Safe and Secure Home - Windows

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

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents, cannot be opened more than 15 centimeters (cm).

Rationale and Summary:

During a tour of the home, measurements taken from the outside trim of each top hinged bottom

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opening window in nine rooms resulted in measurements of 20 - 23 cm each.

During an interview with Administrator, it was confirmed that the home uses hardware in the window trim, to restrict the opening to 15 cm. They further indicated that the hardware often breaks and needs to be replaced frequently. The Administrator confirmed that the window opening was greater than 15 cm in the stated windows.

By not ensuring the windows leading to the outdoors that are accessible to residents cannot be opened more than 15 cm, residents are at risk of elopement.

Sources: Window observation and Interview with the Administrator.
[740788]

WRITTEN NOTIFICATION: Safe and Secure Home - Air temperature

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (1)

The licensee has failed to ensure that that the air temperature in the Long Term Care home is maintained at a minimum temperature of 22 degrees celsius.

Rationale and Summary

A review of the temperature monitoring log's showed six (6) out of 11 days in the month of August where temperatures were not maintained at a minimum of 22 degrees celsius.

During an interview with the Administrator and the Maintenance Lead, it was confirmed that the expectation is that the home remains above 22 degrees celsius. It was also confirmed that there is an electronic monitoring system that will alert the administrator when the temperature is not maintained at a minimum of 22 degrees celsius. The alert of low temperatures had been received by the Administrator and no action was taken.

By not ensuring the air temperature is above 22 degrees celsius the home places the residents at risk for discomfort.

Sources: Temperature Monitoring Log, Interview with the Administrator and Maintenance Lead.
[740788]

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WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

The licensee failed to comply with their written policy related to food being served at a temperature that is both safe and palatable to the residents.

In accordance with O. Reg 246/22, s. 11 (1) b, the licensee is required to ensure that their written policy related to taking and recording of food temperatures is complied with.

Specifically, staff did not comply with the licensee's Food Service and Nutrition Management procedure which states: food temperatures will be taken and recorded on Production Sheets at 3 different stages- the first temperature will be taken and recorded as food is removed from the oven to determine doneness, the second temperature will be taken at the beginning of meal service to determine safe food temperatures for palatability and to ensure food is not in the temperature danger zone, and the third temperature will be taken at the end of the meal service to provide assurance that temperatures were maintained throughout the course of the meal.

Rationale and Summary:

The inspector reviewed the food temperatures binder where food temperatures were recorded. The binder contained pages titled "Kitchen Production Report" and listed various food items for breakfast, lunch, and dinner on different dates. There were three columns titled "cook end temp, temp 1 and temp 2" for each food item at each meal. On specific dates in August, there were no temperatures recorded for twenty-two different meals times.

In an interview with a resident, they stated that sometimes the temperature of the food is too cold. On a date during the inspection a staff member stated they did not take the food temperatures that day.

The Nutritional Care Manager confirmed that temperatures are to be taken three separate times with every meal and documented on the Kitchen Production sheets within the binder. The Nutritional Care Manager confirmed that temperatures were not done for the temperature columns that were blank.

By not ensuring the written policy related to taking and recording of food temperatures was complied with, residents are at an increased risk of injury from elevated food temperatures and dissatisfaction related to their meals.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Sources:

Food temperature logs, Food Service and Nutrition Management Policy, interview with a resident and staff members.

[740792]