

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mlrc@ontario.ca

Original Public Report	
Report Issue Date: December 20, 2022	
Inspection Number: 2022-1355-0002	
Inspection Type: Follow up Critical Incident System	
Licensee: AXR Operating (National) LP, by its general partners	
Long Term Care Home and City: West Oak Village, Oakville	
Lead Inspector Daria Trzos (561)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): November 23-25, 29-30, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00004663-High Priority, 2022_1593_0001, CO #001, FLTCA, 2021, s. 6(7) plan of care, CDD Sept 23, 2022 • Intake: #00008663-2870-000033-22 - injury of unknown cause.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022_1355_0002 related to FLTCA, 2021, s. 6 (7) inspected by Daria Trzos (561)

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

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Falls Prevention and Management
Infection Prevention and Control
Resident Care and Support Services

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)
O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the infection prevention and control program required under subsection 23(1) of the Act complied with any standard or protocol issued by the Director.

The Infection Prevention and Control Standard (IPAC) for Long Term Care Homes, issued April 2022, s. 9.1, stated that at minimum evidence-based practices related to potential contact transmission and required precautions which would include posted signage at the entrance to the resident's room or bed space, indicating enhanced IPAC measures were in place.

Rationale and Summary

Inspector observed personal protective equipment (PPE) at the entrance to a resident's room. No signage was present to indicate what additional precautions were required to enter this room. The registered staff confirmed the resident was on additional precautions and placed the correct signage on the resident's door.

Sources: observations; resident's plan of care; interview with staff and IPAC Manager.
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Date Remedy Implemented: November 23, 2022

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WRITTEN NOTIFICATION: Policy

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

Non-compliance with: FLTCA, 2021, s. 25 (1)

The licensee failed to comply with the STOP program while providing care to a resident.

Rationale and Summary

Staff did not comply with the LTC-Resident Non-Abuse Analysis and Education policy which identified that all staff members who provide direct care to residents will receive training on the contents of this policy including STOP Abuse intervention. The STOP stands for:

S - stop what you are doing

T - think of alternatives

O - observe the resident and environment for triggers

P - plan another approach.

PSWs were providing direct care to a resident and failed to follow the STOP program during care. This was confirmed by the ED.

Sources: home's the LTC-Resident Non-Abuse Analysis and Education policy (reviewed March 2022); investigation notes and interview with staff.

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WRITTEN NOTIFICATION: Unsafe positioning technique

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

Non-compliance with: O.Reg. 246/22, s. 40

The licensee has failed to ensure that staff used safe positioning devices or techniques when assisting a resident.

Rationale and Summary

A resident required two-person assistance for the provision of care due to their condition. The plan of care also indicated that staff were required to use a device for turning and repositioning. PSWs were turning and repositioning the resident during care and failed to use the device.

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Not using safe positioning devices or techniques may have increased the risk of injury.

Sources: investigation notes; resident's plan of care; interview with ED.

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COMPLIANCE ORDER CO #001 Abuse

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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

The licensee shall ensure that no resident in the home is abused by anyone.

Specifically, the licensee must:

1. Ensure that all PSWs receive the annual training on the home's abuse policy including the STOP program with detailed instructions and examples of when to use it. The home shall keep a record of the attendees with their signatures and dates of attendance, as well as a documented record of the training materials and information.
2. Ensure that all PSWs in the home receive an in-service with a demonstration on the proper and safe use of slider sheets in the home. The home shall keep a record of the in-service with signature of attendees and dates of attendance.

Grounds

The licensee has failed to protect a resident from abuse by staff in the home.

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. Physical abuse does not include the use of force that is appropriate to the provision of care or assisting a resident with activities of daily living, unless the force used is excessive in the circumstances.

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Through review of investigation notes and interview with staff it was determined that the force used was excessive during provision of care. The resident sustained an injury and was sent to hospital for further assessment.

Based on the investigation PSWs failed to use the STOP approach and failed to use safe techniques during turning and repositioning. During care it was observed that the resident sustained an injury and the PSWs continued to provide care, which was observed by the RN.

The pattern of inaction, specifically PSWs failing to stop care as directed by the homes policy resulted in poor

Sources: investigation notes; review of resident's plan of care; interview with staff; home's policy "LTC-Resident Non-Abuse Analysis and Education" (reviewed March 2022).

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This order must be complied with by: February 28, 2023

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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

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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
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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.