

Original Public Report

Report Issue Date October 6, 2022
Inspection Number 2022-1041-0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
CVH (No. 1) LP

Long-Term Care Home and City
West Park Health Centre, St. Catharines

Lead Inspector
Cathy Fediash (214)

Inspector Digital Signature

Additional Inspector(s)
Erin Denton-O'Neill (#740861)

INSPECTION SUMMARY

The inspection occurred on the following date(s): September 7, 8, 12, 13, 14, 16, October 3, and 4, 2022.

The following intake(s) were inspected:

- 003356-22 (CIS #1500-000005-22) related to prevention of abuse and neglect.
- 020556-21 (Complaint) related to plan of care, safe and secure, nutrition.
- 008120-22 (Complaint) related to refusal to waitlist.

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

- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Safe and Secure Home
- Staffing, Training and Care Standards

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were findings of non-compliance.

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. 24 (3).

The licensee failed to ensure that temperatures required to be measured under subsection (2), were documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

During a review of air temperature logs on a specified date, it was identified the home had two binders containing air temperature documentation. One completed by nursing staff, and one completed by maintenance staff.

Nursing staff utilized two different forms to document air temperatures. One form to document cooling area temperatures and two bedrooms and the other for the common areas in the home.

The forms had not identified which common areas, cooling areas and which two bedrooms in the home, the air temperatures were measured in. The morning temperatures were recorded for these areas; however, temperatures for between 12 p.m. and 5 p.m., were missing, and no documentation was recorded for the once every evening or night, as required.

Maintenance staff documented air temperatures for bedrooms and one dining room, each day. The documentation had not specified which dining area the air temperature had been obtained for. Only one set of air temperatures had been documented for all three of these areas and no documentation was included of the time the air temperatures had been obtained.

It was confirmed air temperatures had not been obtained and documented for all areas, three times daily, as required. It was confirmed that no harm resulted to any residents.

Remedy taken before conclusion of the inspection:

The home created a new form that allowed all staff who obtain air temperatures, to document on one form. An interview and observations of the new form indicated the form had been revised and clearly identified the required areas and times during the day, that air temperatures were required to be obtained.

Sources: Air temperature log forms, interview with ED and Environmental Manager.

Date Remedy Implemented: October 4, 2022 (#214)

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22, s. 250 (1) 5.

The licensee failed to ensure that the home's Director of Nursing and Personal Care worked regularly in that position on site at the home for at least 35 hours per week.

At the onset of this inspection, it was confirmed the position of Director of Nursing and Personal Care, had been vacant. The home indicated actions had been taken to recruit for this position and these actions remained in place at the time of this inspection. The home had a current bed capacity for 69 residents and did not have a staff member working in the position of Director of Nursing and Personal Care, at least 35 hours per week. It was confirmed the home did not meet the Director of Nursing and Personal Care position requirements.

Remedy taken before conclusion of the inspection:

Approximately three weeks later, it was confirmed the home had been successful in their recruitment for the full-time position of Director of Nursing and Personal Care. The start date for this position was immediate.

Sources: Employment contract, and interview with the ED and corporate consultant.

Date Remedy Implemented: October 3, 2022 (#214)

NC#003 remedied pursuant to FLTCA, 2021, s. 154(2)

FLTCA, 2021, s. 6 (1) a.

The licensee failed to ensure that there was a written plan of care that set out the planned care for a resident, in relation to their dressing needs.

During an interview with the resident, they indicated they had sustained an alteration to an area on their skin, during an activity of daily living. They indicated this had occurred approximately six months prior. An interview with PSW staff, indicated that the alteration to the resident's skin integrity may have occurred as the resident had a history of refusing specified care. Staff indicated that as a result, if they had not applied and removed an article of clothing carefully, the clothing item could become caught and result in an alteration to their skin.

The resident's plan of care at the time of the inspection, indicated that the care plan had not reflected the need to apply and remove the clothing article carefully, to avoid pain or injury. In an interview with the Director of Clinical Services (DCS), they confirmed this intervention had not been in the care plan or the plan of care.

Remedy taken before conclusion of the inspection:

The resident's care plan was updated three days later, to include the need to be careful when applying and removing the article of clothing. In an interview with the DCS, they confirmed that the care plan had been updated to reflect this resident's needs.

Sources: Resident's plan of care, including care plan, and interviews with PSW staff, and the DCS.

Date Remedy Implemented: September 19, 2022 (#740861)