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

Ottawa District
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Original Public Report

Report Issue Date: November 9, 2023

Inspection Number: 2023-1237-0004

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

Long Term Care Home and City: Woodland Villa, Long Sault

Lead Inspector	**Inspector Digital Signature**
Mark McGill (733)	Mark J McGill Digitally signed by Mark J McGill Date: 2023.12.06 13:47:40 -05'00'

Additional Inspector(s)
Gabriella Kuilder (000726)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 28, 29, 2023, October 3, 4, 5, 6, 10, 12, 13, 31, 2023 and November 1, 2023

The following intake(s) were inspected:
Intake: #00095485 - Follow-up to CO #001 from report 2022-1237-0003,
Intake: #00091312, CIR #2743-000019-23 related to resident to resident physical abuse,
Intakes: #00092095, CIR #2743-000020-23, #00092400, CIR #2743-000021-23, #00093157, CIR #2743-000022-23, related to falls with significant change in the residents' status,

Intake: #00097878, IL-17940-OT related to responsive behaviours of a resident.

The following intake was completed in this inspection:
Intake #00095628, CIR #2743-000023-23 related to a fall with significant change in the residents' status.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1237-0003 related to FLTCA, 2021, s. 6 (7) inspected by Mark McGill (733)

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to Protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 24 (1)

Rationale and Summary

The licensee has failed to protect a resident from physical abuse by another resident.

Physical abuse is defined by O. Reg. 246/22 s. 2 (1) as the use of physical force by a resident that causes physical injury to another resident.

On a specified date, a resident exhibited physically responsive behaviours towards another resident by causing injury. A Registered Nurse (RN) and Personal Support Worker (PSW) responded to the incident when they heard the resident call out in distress. The resident with responsive behaviours was directed away from the area with no further incident. A Behaviour Supports Ontario (BSO) PSW was assigned to 1:1 duty with the resident for the remainder of shift.

The written care plan for the resident with responsive behaviours indicated an intervention of 1:1 staffing to be scheduled to manage their behaviours. The Director of Care (DOC) and other staff stated 1:1 staffing is the most effective intervention to manage the resident's responsive behaviours, but due to staffing challenges, it is not consistently implemented.

The DOC and other staff indicated other incidents of physical aggression by the

resident with behaviours towards another resident that occurred on several different dates. No 1:1 staff was assigned to resident #002 at the time of these incidents.

At the time of inspection the resident with behaviours no longer resided on home area with the other resident. The other resident was transferred to another home area.

Failing to consistently implement 1:1 staffing for the resident with behaviours placed the other resident at an increased risk of harm and injury.

Sources
Progress notes, a resident's written care plan, interviews with staff Director of Care and other staff, Royal Ottawa Hospital-Psychiatry assessment, attending physician progress note. [000726]

WRITTEN NOTIFICATION: Responsive behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Rationale and Summary

The licensee has failed to take action for each resident demonstrating responsive behaviours including actions taken to respond to the needs of the resident, including assessments, reassessments, and interventions and that the resident's responses to interventions are documented.

On a specified date, a resident exhibited physically responsive behaviours towards another resident resulting in injury.

The written care plan for a resident indicated 1:1 staffing to be implemented to manage physical responsive behaviours. Documentation by their attending physician and the psychogeriatric team from the Royal Ottawa Hospital (ROH) recommended the continuation of 1:1 staffing to manage the resident's physical responsive behaviors.

During interviews with the DOC and other staff members, it was validated that 1:1 staffing is the most effective intervention to manage the resident's responsive behaviours, however due to staffing challenges this is not consistently occurring.

Policy SM-1.12 "(PPRBIA)-Post Physical Responsive Behavior Investigation and Assessment section 8 indicates "The post physically responsive behavior investigation assessment shall be initiated as soon as possible after the resident is safe and comfortable and completed within 24 hours of the incident".

Review of the clinical record for the resident with behaviours indicated on several specified dates, incidents of physical aggression occurred by the resident towards the other resident. On a specified date, an incident of physical aggression by the resident with behaviours towards a staff member occurred. However, the PPRBIA was not completed as per policy after these incidents.

A Registered Practical Nurse (RPN) and an RN stated they were unfamiliar with the policy requirement to initiate and complete the PPRBIA within 24 hours after a resident incident of physical responsive behavior. Another RPN indicated they were aware of the PPBRIA, however did not complete it consistently.

The DOC indicated the completion of the PPRBIA is not required by the registered staff after every incident of physical responsive behaviours demonstrated by a

resident. It would be completed if a resident's physical responsive behaviors are new or if there is a change. The DOC confirmed the PPRBIA should have been completed on a specified date, as there were other incidents of physical responsive behaviours demonstrated by the resident on a specified date towards a resident, and on another specified date towards staff.

Not ensuring that the PPRBIA is completed, can result in a failure to take action to respond to the resident's needs. This includes the assessment, reassessment, and interventions and that the resident's responses to interventions are documented. This will increase the risk of harm and injury to other residents and staff.

Sources
A resident's written care plan, progress notes, policy- SM-1.12 "(PPRBIA)-Post Physical Responsive Behavior Investigation and Assessment (reviewed May 29, 2023), interview with two RPNs, the DOC, an RN, and two PSWs. [000726]