

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: September 9, 2024

Inspection Number: 2024-1237-0006

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

INSPECTION SUMMARY

The inspection occurred on the following date(s): August 27, 28, 29, 30, 2024 and September 3, 4, 5, 6, and 9, 2024

The following intake(s) were inspected:

- Intake: #00117626 - 2743-000027-24 Injury with change in condition of unknown cause.
- Intake: #00119859 - IL-0127977-OT - Complainant with concerns regarding care of a resident.
- Intake: #00120291 - Follow-up #: 1 - O. Reg. 246/22 - s. 59 (b) related to altercations between residents.
- Intake: #00121270 - IL-0128680-AH/2743-000036-24 - Controlled Substance missing and unaccounted
- Intake: #00121443 - IL-0128756-OT - Complainant with concerns regarding resident's care.
- Intake: #00121537 - IL-0128796-OT Complaint about staff knowledge of resident's needs and performance of care.

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Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1237-0005 related to O. Reg. 246/22, s. 59 (b), altercations between residents.

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Continence Care
- Resident Care and Support Services
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect
- Palliative Care
- Pain Management
- Falls Prevention and Management

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.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that a resident's written plan of care provided clear direction to those providing care to the resident. Specifically, a resident's care plan did not clearly provide direction on their skin integrity protection interventions.

Sources:

Observation of a resident;

A resident's care plan;

Interviews with a Personal Support Worker (PSW) and the Director of Care (DOC).

On September 5, 2024, the resident's care plan was reviewed and found to be updated regarding the resident's skin integrity protection interventions.

Date Remedy Implemented: September 5, 2024

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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The licensee has failed to ensure that a resident's plan of care was carried out as specified in the plan. Specifically, a resident's dressing was not changed on a specified date as required in their Treatment Administration Record (TAR).

Sources:

A resident's electronic documentation and TAR;
Interview with a Registered Practical Nurse (RPN).

WRITTEN NOTIFICATION: Plan of care

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

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

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident's care was documented as set out in the plan of care. Specifically, a resident's repositioning and continence care interventions were not documented as specified in their care plan.

Sources:

A resident's care plan and electronic chart;
Interviews with a PSW and the DOC.

WRITTEN NOTIFICATION: Skin and wound care management

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (a) (ii)

Skin and wound care

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- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
 - (ii) upon any return of the resident from hospital, and

The licensee has failed to ensure that a resident received a skin assessment upon their return from hospital.

Sources:

Record review of a resident's electronic and paper charts;
Interview with the DOC.

WRITTEN NOTIFICATION: Skin and wound care management

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

Skin and wound care

- s. 55 (2) Every licensee of a long-term care home shall ensure that,
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
 - (iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

The licensee has failed to ensure that resident's skin integrity impairments were assessed weekly by a registered nurse.

Sources:

Record review of a resident's electronic chart;
Policy OTP-HLHS-3.7 Wound Assessment and Documentation last reviewed March

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2024;
Interviews with an RPN and the DOC.

WRITTEN NOTIFICATION: Dealing with complaints

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 2.

Dealing with complaints

s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

2. For those complaints that cannot be investigated and resolved within 10 business days, an acknowledgement of receipt of the complaint shall be provided within 10 business days of receipt of the complaint including the date by which the complainant can reasonably expect a resolution, and a follow-up response that complies with paragraph 3 shall be provided as soon as possible in the circumstances.

The licensee has failed to ensure that, for a complaint that could not be resolved within 10 business days, that they provided the complainant with an expected date of resolution and provided a follow-up response in compliance with Ontario Regulation 246/22 s. 108 (1) 3.

Sources:

Written record of communication with complainant regarding a resident;

Interview with the DOC.

WRITTEN NOTIFICATION: Drug destruction and disposal

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 148 (1)

Drug destruction and disposal

s. 148 (1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of,

(a) all expired drugs;

(b) all drugs with illegible labels;

(c) all drugs that are in containers that do not meet the requirements for marking containers specified under subsection 156 (3) of the Drug and Pharmacies Regulation Act; and

(d) a resident's drugs where,

(i) the prescriber attending the resident orders that the use of the drug be discontinued,

(ii) the resident dies, subject to obtaining the written approval of the person who has signed the medical certificate of death under the Vital Statistics Act or the resident's attending physician, or

(iii) the resident is discharged and the drugs prescribed for the resident are not sent with the resident under section 137. O. Reg. 246/22, s. 148 (1).

The licensee has failed to comply with the home's policy for the destruction of controlled substances, as included in the home's medication management system.

In accordance with O. Reg 246/22 s. 11 (1) b, the licensee is required to ensure that written policies and protocols for controlled substance destruction and disposal were developed for the medication management system, and that they were complied with.

Specifically, an RPN did not comply with the licensee's "Destruction and Disposal of

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Narcotic and Controlled Medications" policy for the disposal and documentation of a disposal for a controlled substance.

Sources:

The home's interview documentation with an RPN;

A resident's chart;

Policy ON LTC Policy 7.7 Destruction and Disposal of Narcotic and Controlled Medications;

Interviews with an RPN, two Registered Nurses (RN), and the DOC.