

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: December 17, 2024

Inspection Number: 2024-1370-0004

Inspection Type:

Critical Incident
Follow up

Licensee: Regency LTC Operating Limited Partnership, by its general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.

Long Term Care Home and City: AgeCare Samac, Oshawa

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 9 -13, 2024.

The following intake(s) were inspected:

- Intake: #00121843 - Follow-up #: 1 - O. Reg. 246/22 - s. 55 (2) (b) (iv) Compliance Due Date (CDD) of Oct.31, 2024 related to skin and wound care.
- Intake: #00121844 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (9) (a) with a CDD: Oct.31, 2024 related to Infection Prevention and Control.
- Intake: #00129360 - Related to a fall of a resident.

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2024-1370-0002 related to O. Reg. 246/22, s. 55 (2) (b) (iv)

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Order #002 from Inspection #2024-1370-0002 related to O. Reg. 246/22, s. 102 (9)
(a)

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Restorative Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 13 (1) (b)

Restorative care

s. 13 (1) Every licensee of a long-term care home shall ensure that there is an organized interdisciplinary program with a restorative care philosophy that,
(b) where relevant to the resident's assessed care needs, includes, but is not limited to, care or services that address psychosocial needs and physiotherapy and other therapy services, any of which may be either arranged or provided by the licensee.

The Licensee failed to ensure that a resident's assessed care needs, including physiotherapy services was provided by the licensee.

A resident had a change in mobility and went from using a mobility aide to using a wheelchair for mobility. The resident had a fall and was injured. There was no referral or assessment completed by physiotherapy to reassess residents' mobility.

Sources: Critical Incident Report (CIR), resident's electronic health records, and interviews with an RPN and the DOC.

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WRITTEN NOTIFICATION: Required Programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The Licensee failed to comply with the Long Term Care home's falls prevention and management program where a head injury routine (HIR) assessment was not completed after the unwitnessed fall of resident.

In accordance with O. Reg 246/22, s. 11 (1) (b) the licensee is required to ensure that the written policy for the falls prevention and management program is complied with.

Specifically, an RPN did not comply with the licensee's falls prevention and management program policy when they did not initiate a HIR assessment after the unwitnessed fall of a resident.

Sources: CIR, resident's health records, AgeCare - Resident Fall Prevention Policy, and interviews with an RPN and the DOC.

WRITTEN NOTIFICATION: Skin and Wound Care

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

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

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

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injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The Licensee has failed to ensure that a resident who was exhibiting alterations in their skin integrity received a skin assessment by an RPN using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment. A resident had a fall and acquired alterations in skin integrity. Only one of multiple alterations in their skin integrity was assessed by an RPN after the fall of the resident.

Sources: CIR, electronic health records, and interviews with an RPN and the DOC.

WRITTEN NOTIFICATION: Pain Management

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

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure a resident was assessed using a clinically appropriate assessment instrument for pain when their pain was not relieved by initial interventions. The resident had a fall and subsequently experienced pain. No initial interventions were offered or given to the resident, and a pain assessment was not completed after the fall.

Sources: CIR, electronic health records, AgeCare - Resident Fall Prevention Policy, and interviews with an RPN and the DOC.