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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: March 13, 2024
Original Report Issue Date: February 7, 2024
Inspection Number: 2024-1411-0001 (A1)
Inspection Type: Complaint Critical Incident
Licensee: St. Peter's Care Centres
Long Term Care Home and City: St. Peter's Residence at Chedoke, Hamilton

Amended By Lillian Akapong (741771)	**Inspector who Amended Digital Signature** Lillian M Akapong Digitally signed by Lillian M Akapong Date: 2024.03.27 11:33:15 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:
To change noncompliance #007 from a Written Notification (WN) to a Noncompliance Remedied (NCR).

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Lead Inspector Lillian Akapong (741771)	**Additional Inspector(s)** Kerry O'Connor (000769)
Amended By Lillian Akapong (741771)	**Inspector who Amended Digital Signature** Lillian M Akapong Digitally signed by Lillian M Akapong Date: 2024.03.27 11:33:42 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:
To change noncompliance #007 from a Written Notification (WN) to a Noncompliance Remedied (NCR).

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 9, 10, 11, 12, 15, 16, 18, 19, 2024

The following intake(s) were inspected:
- Intake: #00091326 - [CI: 2927-000010-23] - Fall of resident resulting in

fractured right hip.
- Intake: #00091383 - [CI: 2927-000011-23] - Neglect of resident - Concern re: skin and wound care.
- Intake: #00093475 - [CI: 2927-000013-23] - Fall of resident.
- Intake: #00096836 - [CI: 2927-000015-23] - Unexpected death of resident.
- Intake: #00102306 - Complaint with concerns regarding Plan of care related to continence care and bowel management, falls prevention and management and sending of drugs.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Infection Prevention and Control
Reporting and Complaints
Falls Prevention and Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that a resident was reassessed and their plan of care reviewed and revised when the resident's care needs changed or care set out in the plan is no longer necessary.

Rationale and Summary
A resident had two falls within the same month and once the month prior. During the last fall, the resident sustained a fracture on their body. No new falls interventions were put into place post the first two falls. Another time, the resident had another fall and staff documented that the resident possibly rolled out of bed. The falls committee did not review and analyze these falls or identify any falls interventions or changes to the care plan.

Failure to ensure resident's care plan was reviewed and revised by the falls committee put the resident at risk of further falls.

Sources: Resident's care plan, falls program policy, PT Strategy sheet for week of Resident's progress notes, Interview with staff. (000769)

WRITTEN NOTIFICATION: Skin and wound care

NC # 002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)
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 ulcers, skin tears or wounds,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee failed to ensure that a resident received immediate treatment and

interventions to reduce or relieve pain, promote healing, and prevent infection.

Rationale and Summary
A resident had a wound and did not receive dressing changes for their wound as indicated in their Treatment Administration Record (TAR) for several days.

The resident's TAR was reviewed with one staff, and they confirmed upon review that the dressing treatments were missed and not completed for those dates.

Failure to ensure dressings to resident's wound were completed, increased the resident's risk for infection or wound deterioration.

Sources: Progress notes for resident, TAR for March, Interview with staff. [000769]

WRITTEN NOTIFICATION: Plan of care

NC #003 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.

The licensee has failed to ensure that the care set out for a resident was provided to the resident as specified in the plan of care.

Rationale and Summary
A) A Plan of care to reduce fall incidence was in place for a resident. This included a SAFETY - 4 P's fall prevention and bed alarm checks. The SAFETY - 4 P's Fall Prevention checks was to be done at each the point of entry and bed alarm checks

for each shift, but the POC documentation was expected to be completed once during each shift.

A review of POC documentation was done and found that the documentation was not completed for the SAFETY and bed alarm checks for several day, evening, and night shifts in one month, as required by the Plan of care.

During an interview with the DOC, they confirmed that, the bed alarm and 4 P's SAFETY checks were not completed for the resident as required by the plan of care.

The home's failure to conduct the SAFETY-4 P's check and monitor the bed alarm, put the resident at risk for falls.

Rationale and Summary

B) A toileting schedule for a resident was in place to promote continence as per Plan of care. The toileting schedule was for before and after meals, at bedtime and as needed. A review of POC documentation was conducted and found that the documentation was not completed for the toileting as per the Plan of care, specifically for one month for a mixed number of shifts on days, evening and nights shifts.

During an Interview with the DOC, they stated that they that on identified dates, the toileting schedule was not completed for the resident as required by the plan of care.

The home's failure to follow the toileting schedule, does not promote continence for the resident as required.

Sources: Incident report, POC record, interview with DOC, Resident's plan of care. [741771]

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring techniques when transferring a resident.

Rationale and Summary
A resident fell to the floor when one staff member attempted to transfer them to the bathroom. The resident was a two person assist for transferring as per their care plan. The resident sustained an injury.

Failure to ensure staff used safe transferring techniques when transferring the resident led to actual harm in the form of an injury.

Sources: Clinical record of resident, including progress notes and Interview with staff. (000769)

WRITTEN NOTIFICATION: Falls prevention and management

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide

for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that the falls prevention and management program provided strategies for residents including the monitoring of residents.

Rationale and Summary
A resident had a bed alarm in place for safety due to falls risk. The resident had a fall on two occasions, and on both occasions the bed alarm was not working. Also, the staff did not note what the issue was with the bed alarm, what action was taken to repair it or if it was replaced.

Failure to ensure a resident's bed alarm was in working order put the resident's safety at risk.

Sources: Resident's care plan, progress notes; PT strategy sheet for week of falls, falls committee progress notes; Interview Falls staff. (000769)

WRITTEN NOTIFICATION: Skin and wound care

NC #006 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 ulcers, skin tears or wounds,
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

The licensee failed to ensure that a resident exhibiting altered skin integrity, skin breakdown, pressure injuries, skin tears or wounds is assessed at least weekly by a member of the registered staff.

Rationale and Summary
A resident did not receive weekly skin assessments as required. The resident was to receive a weekly skin assessment by registered staff for all areas identified in the treatment assessment record (TAR) and skin assessments. The TAR indicated weekly assessments were missed for the resident's skin breakdown. Some weekly assessments were completed but did not include all areas which required assessment.

Failure to complete weekly skin assessments put the resident at risk for infection and altered skin integrity.

Sources: TAR for resident, Weekly, initial, and head to toe skin assessments for, Resident's progress notes, interviews with staff (wound care team). [000769]

(A1)
The following non-compliance(s) has been amended: NC #007

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection

prevention and control. O. Reg. 246/22, s. 102 (2).

(A1)
The following non-compliance(s) has been newly issued: NC #007

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that an IPAC self-Audit was submitted weekly during an outbreak as required under the standard by the Director with respect to infection prevention and control.

During a review of the Infection Prevention and Control (IPAC) self-audits, there was no record of submission of an audit for a week in January and the home was on a COVID-19 outbreak. The home was not able to provide a record for that week.

Remedied taken before conclusion of the inspection:
On a day in January, the IPAC Self Audit was submitted by the home.

Sources: IPAC Self Audit records, interview with DOC. [741771]
Date Remedy Implemented: January 19, 2024