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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: May 24, 2024	
Inspection Number: 2024-1412-0002	
Inspection Type: Complaint Critical Incident	
Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP	
Long Term Care Home and City: Woodhall Park Community, Brampton	
Lead Inspector Romela Villaspir (653)	**Inspector Digital Signature** Romela Villaspir Digitally signed by Romela Villaspir Date: 2024.05.28 08:52:41 -04'00'

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: May 1-3, 7-10, 2024.

The following intake was completed during this Complaint Inspection:
- Intake: #00114939 related to responsive behaviours.

The following intakes were completed during this Critical Incident (CI) Inspection:
- Intake: #00112530 related to Infection Prevention and Control (IPAC).
- Intake: #00112613 related to falls prevention and management.

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

Infection Prevention and Control
Responsive Behaviours
Falls Prevention and Management

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 (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 failed to ensure that there was a written plan of care for a resident that sets out clear directions to staff and others who provided direct care to the resident.

Rationale and Summary

A resident was at risk for falls, and their written plan of care indicated they used mobility aids with the assistance of staff.

On one occasion, the resident had an assisted fall in their bedroom. At the time of the incident, the staff did not use the resident's mobility aid.

The Physiotherapist (PT) stated the resident needed staff assistance for ambulation

and the use of a mobility aid.

Three PSWs were not aware of this recommendation from the PT, and they had been assisting the resident without this mobility aid.

The Director of Care (DOC) indicated that it was the responsibility of the registered staff to update the resident's care plan with the recommendations from the PT.

By not setting out clear directions on the resident's plan of care as it related to their assistance with mobility, the staff did not implement the PT's recommendation.

Sources: Resident's clinical health records, CI report; Interviews with the PT, PSWs, and the DOC. [653]

WRITTEN NOTIFICATION: INVOLVEMENT OF RESIDENT, ETC.

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (5)
Plan of care
s. 6 (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care.

The licensee failed to ensure that a resident's Substitute Decision-Maker (SDM) was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

Rationale and Summary

The home's Change of Status – Notification of Power of Attorney (POA)/ Family indicated that the resident's POA for care/ SDM will be notified of changes affecting the resident and/ or changes in resident status to ensure ongoing communication between the interprofessional care team and the resident's POA for care/ SDM.

A resident's SDM was not immediately informed of a fall incident, and a new alteration in skin integrity.

The DOC indicated that the Registered Staff on shift, should have informed the SDM of the fall incident, and the new alteration in skin integrity when it was first noted.

Sources: Resident's clinical health records, Change of Status – Notification of POA/ Family Policy #VIII-A-10.20 revised in April 2024, CI report; Interviews with the RN, RPN, and the DOC. [653]

WRITTEN NOTIFICATION: DUTY OF LICENSEE TO COMPLY WITH PLAN

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 failed to ensure that the care set out in a resident's plan of care was provided to the resident as specified in the plan.

Rationale and Summary

A resident was at risk for falls, and interventions were outlined in their written plan of care.

During a fall incident, the resident's fall prevention intervention was not in place.

Sources: Resident's clinical health records, CI report; Interviews with a PSW, RN, and the DOC. [653]

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions are documented.

The licensee failed to ensure that actions were taken to respond to the needs of a resident demonstrating responsive behaviours, including assessments, reassessments and interventions.

Rationale and Summary

The Behavioural Support Ontario (BSO) RPN indicated that upon admission, a monitoring tool would be initiated, and will be analyzed on the same day of completion to determine appropriate interventions to manage a resident's responsive behaviours.

Upon a resident's admission to the home, the monitoring tool was initiated, and initial behavioural interventions were put in place to manage their responsive behaviours. However, the monitoring tool was not analyzed immediately, and actions were not taken in response to the data revealed by the monitoring tool.

By not analyzing the monitoring tool in a timely manner, reassessments and further interventions to address the resident's responsive behaviours were not considered.

Sources: Resident's clinical health records; Interviews with the BSO RPN, and DOC. [653]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 failed to ensure that the standard issued by the Director with respect to IPAC, was implemented.

Rationale and Summary

A) The IPAC Standard for LTCHs, revised in September 2023, section 9.1 indicates that the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: b) Hand

hygiene, including but not limited to, the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

The home's Hand Hygiene policy indicated that hand hygiene consists of either hand washing or the use of Alcohol-Based Hand Rub (ABHR), and all team members will practice hand hygiene according to the four moments of hand hygiene, including before donning gloves, after doffing gloves, before entering a resident's room, and before exiting a resident's room.

During Inspector #653's observations, a PSW and a RN did not perform hand hygiene according to the four moments of hand hygiene.

Sources: Hand Hygiene policy #IX-G-10.10 last revised in November 2023; Inspector #653's observations; Interviews with the IPAC Lead, and other staff.

B) The IPAC Standard for LTCHs, revised in September 2023, section 5.3 (h), indicates that the licensee shall ensure that the policies and procedures for the IPAC program include policies and procedures for the implementation of Routine Practices and Additional Precautions including but not limited to cleaning and disinfection.

The home's Equipment Cleaning – Resident Care & Medical policy indicates that all shared equipment such as lifts, must be cleaned and disinfected between resident use. Team members must disinfect high contact areas such as handle grips, handlebar areas, remote control buttons, etc. with a hospital grade disinfectant between each resident.

During Inspector #653's observation, a PSW did not clean and disinfect a

mechanical lift after use.

By not adhering to the home's IPAC policies and procedures related to hand hygiene and equipment cleaning, there was an increased risk for the spread of infectious microorganisms amongst the residents and staff members.

Sources: Equipment Cleaning – Resident Care & Medical policy #IX-G-20.90 last revised in March 2024; Inspector #653's observation; Interviews with the IPAC Lead, and other staff. [653]