

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 10, 2022	2021_885601_0023	018915-21	Complaint

Licensee/Titulaire de permis

St. Joseph's at Fleming
659 Brealey Drive Peterborough ON K9K 2R8

Long-Term Care Home/Foyer de soins de longue durée

St. Joseph's at Fleming
659 Brealey Drive Peterborough ON K9K 2R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

KARYN WOOD (601)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 2, 3, 6, 7, 8, 9, 10, 14, and 15, 2021.

The following intake was completed in this Complaint Inspection:

A log related to care concerns, infection prevention and control practices, family council and staffing shortages.

NOTE: A Voluntary Plan of Correction related to s. 6 (7) of the LTCHA was identified in a concurrent inspection 2021_885601_0022 and issued in this report.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Infection Prevention and Control (IPAC) lead, Director of Resident Care (DRC), Home Area Manager (HAM), Director of Corporate Services (DOCS), Maintenance Manager (MM), Senior Administrative Coordinator (SAC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping Aide (HSK), Dietary Aide (DA), Public Health Inspector, and residents.

The inspector also reviewed resident clinical health care records, relevant home policies and procedures, staffing schedules and staffing plans, internal investigation reports, respiratory infection line listing, observed infection control practices in the home, the delivery of resident care and services, including staff to resident interactions.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Family Council
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Safe and Secure Home
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

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,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The Ministry of Long-Term Care (MLTC) received a complaint that the resident was at high risk for falls and staff did not follow the resident's care plan on where to place the resident's mobility devices.

Staff reported that the resident was at high risk for falls. The resident had two mobility devices and one was always to be within reach while the second mobility device was to be stored away from the resident when not in use. The resident was observed with both mobility devices within reach. The RPN was interviewed regarding the mobility devices and they indicated the resident's Kardex did not provide direction on where the second mobility device was to be stored when not in use. The RPN spoke with a PSW for clarification and the PSW reported they had learned on shift report where to store the resident's second mobility device when not in use. Review of the resident's falls prevention care plan at the time of the observation did not include clear direction regarding the resident's mobility devices. The HAM and RPN both acknowledge the care plan and Kardex did not provide clear direction as to where the resident's mobility devices should be placed. The resident was at risk for injury due to the lack of clear direction for staff providing care to the resident related to where the resident's mobility devices should be placed.

Sources: Review of the resident's care plan, Kardex, and progress notes, interviews with PSWs, RPNs, and a HAM. [s. 6. (1) (c)]

2. The licensee has failed to ensure that the care set out in the resident's plan of care related to falls prevention was provided to the resident.

Record review and staff interviews identified the resident was at high risk for falls, on the Falling Star Program and required the use of a safety device. The resident was observed by Inspector #601 without the safety device in place. The PSW indicated to Inspector #601 that they were not aware of the resident requiring the safety device. The PSW checked the resident's Kardex and acknowledged the resident required the safety device. The PSW checked the resident's room and did not locate the safety device. The Home Area Manager (HAM) indicated to Inspector #601 that the resident should have the safety device in place due to their risk for falls.

Sources: Review of a Critical Incident System report, the resident's care plan, progress notes, observation of the resident, and interviews with the HAM and other staff. [s. 6. (7)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance 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 ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident to staff communication and response system could be easily seen.

The Ministry of Long-Term Care (MLTC) received a complaint regarding staff not responding to the resident to staff communication and response system in a timely manner.

Staff interviews identified the resident to staff communication and response system on a specified date was not functioning properly due to the call bell pagers not working. Staff further indicated the call lights above the resident's doors and the panel located at the nurse's station were functioning and staff would need to make rounds to ensure call bells were answered. Inspector #601 observed three residents' that had their call bells activated and staff working in the area did not respond to the residents' call bells until they were made aware the residents call bells were activated. Staff acknowledged the call lights located above the resident's doors were difficult to view and they did not realize the residents call bells were activated. The Chief Executive Officer (CEO) and the Director of Resident Care (DRC) acknowledged the pagers for the resident to staff communication and response system were not functioning properly and call lights above some of the residents' doors needed replacing because they were difficult to view from a distance. There was actual risk as two of the three residents were at risk for falls and staff did not respond to the residents' request for assistance in a timely manner when they activated the resident to staff communication and response system.

Sources: Observations of three residents', observation of staff to resident interaction, interviews with a RSA, PSWs, RPN, Director of Corporate Services (DOCS), RN, DRC, and CEO. [s. 17. (1) (a)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance ensure that the home is equipped with a resident-staff communication and response system that, (a) can be easily seen, accessed and used by residents, staff and visitors at all times, to be implemented voluntarily.

Issued on this 22nd day of February, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.