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 East District
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Oshawa, ON, L1H 1A1
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Original Public Report

Report Issue Date: August 7, 2024
Inspection Number: 2024-1438-0003
Inspection Type: Complaint Critical Incident
Licensee: Southlake Residential Care Village
Long Term Care Home and City: Southlake Residential Care Village, Newmarket

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 25 to 28, July 2 to 5, and 8 to 10, 2024.

The following intake(s) were inspected:

One intake related to COVID-19 outbreak.

One intake related to a complaint regarding infection prevention and control (IPAC).

Four Intakes related to resident fall with injury.

Two Intakes related to a complaint regarding multiple care items.
One intake related to a complaint regarding food production, menu planning.

One intake related to Acute Respiratory Infection (ARI) Outbreak.

Three intakes related to alleged physical abuse.

One Intake related to a complaint regarding peri/continence care, alleged retaliation, staffing and family council.

One intake related to a complaint regarding resident activities, and availability of supplies.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Whistle-blowing Protection and Retaliation
Prevention of Abuse and Neglect
Responsive Behaviours
Recreational and Social Activities
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dining and snack service

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 79 (1) 3.
Dining and snack service
s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
3. Monitoring of all residents during meals.

The licensee has failed to ensure to monitor residents during meals.

Rationale and Summary

During the meal observation, residents were observed eating on their own outside the dining room unsupervised.

A review of the resident's plan of care indicated that they were required to be supervised while eating.

The Registered Practical Nurse (RPN) confirmed during the interview that the residents needed to be supervised while eating, as noted in the care plan.

The Associate Director of Care (ADOC) acknowledged that staff should have been present, as the term "supervision" implies, while residents were eating.

Failure to monitor residents during meal put them at risk of choking.

Sources: Resident 's clinical records and interviews with PSW, RPN, and the ADOC.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
Complaints procedure — licensee
s. 26 (1) Every licensee of a long-term care home shall,
(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the

manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to forward to the Director the written complaint that it received concerning the care of the resident.

Rationale and Summary

The Ministry of Long-Term Care (MLTC) received a complaint regarding care issues for the residents of the home. The complainant provided an electronic mail sent to the home related to Infection Prevention and Control (IPAC) unsafe practices of staff when providing care for the residents.

In reviewing the home's critical incident (CI) binder, there was no CI initiated for the written complaint received related to IPAC.

The home's policy titled "Extendicare Complaints and Customer Service; Incident reporting" directed the home to forward a copy of the written complaint immediately to the Ministry of Long-Term Care.
The Administrator acknowledged that this written complaint regarding the care of residents was received but did not report it to the Director.

Failing to immediately inform the Director of this complaint posed a risk that the complaint was not immediately investigated in a timely manner.

Sources: Email correspondence from Complainant, interview with Administrator.

WRITTEN NOTIFICATION: Care conference

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 30 (1) (a)
Care conference
s. 30 (1) Every licensee of a long-term care home shall ensure that,
(a) a care conference of the interdisciplinary team providing a resident's care is held within six weeks following the resident's admission and at least annually after that to discuss the plan of care and any other matters of importance to the resident and their substitute decision-maker, if any;

The licensee failed to ensure that a care conference of the interdisciplinary team providing resident's care was held at least annually to discuss the plan of care and any other matters of importance to the resident and their Substitute Decision Maker (SDM).

Summary and Rationale

A complaint was received to the MLTC related to responsive behaviours that resident was expressing while care staff were providing care to them.

A review of resident's assessments indicated that the annual Interdisciplinary Care Conference (IDCC) was overdue. A review of resident's progress notes showed no documentation that the interdisciplinary care conference occurred.

Unit Supervisor and ADOC both confirmed that the yearly IDCC for the resident had not occurred and that it was missed.

By failing to ensure resident had an IDCC to discuss the plan of care and any other matters of importance to the resident put resident at risk for improper care.

Sources: Complaint, resident's medical records and interviews with Unit Supervisor and ADOC.

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 resident #008 who demonstrated responsive behaviours, actions are taken to respond to the needs of the resident, including reassessments.

Summary and Rationale
A complaint was received to the MLTC related to responsive behaviours that the resident was expressing while care staff were providing care to them.

The resident's progress notes had indicated that the resident expressed physical responsive behaviors to several care staff multiple times while providing care.

An assessment of the resident's behaviours was initially completed during admission. A secondary referral to the Behavioral Support Ontario (BSO) program was initiated but an assessment was not completed as the resident was in hospital

and was to be referred again upon their return and with ongoing behaviors. The resident's assessment records indicated that this did not occur.

A Personal Support Worker (PSW) stated that since resident's admission, they had responsive behaviours on and off, but they had escalated in frequency. The PSW also indicated that they had requested to move from working with the resident as they had been subjected to their responsive behaviours.

The Unit Supervisor and the ADOC both confirmed that resident did not have a reassessment by the BSO program of their escalating responsive behaviours.

A BSO program reassessment could have reduced the risk of co-residents and care staff being subjected to resident #008's responsive behaviours.

Sources: Complaint, resident's medical records and interviews with PSW, Unit Supervisor and ADOC.

WRITTEN NOTIFICATION: Recreational and Social Activities

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 71 (2) (b)
Recreational and social activities program
s. 71 (2) Every licensee of a long-term care home shall ensure that the program includes,
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;

The licensee failed to ensure that the programming activities in the home were

offered to the residents on evenings.

Rationale and Summary

A complaint was brought forward to the MLTC indicating concerns over recreational activities not occurring in the home on evenings. Review of the home's staffing schedule for the recreation department indicated no staffing schedule from 1630 hours to 2030 hours. Review of the home's monthly program calendar indicated there was no scheduled recreational activities after 1530 hours.

The home's Life enrichment Manager indicated that the home has no evening recreational programs due to staffing issue. The home just recently hired an evening life enrichment staff.

There was risk to the emotional and physical well-being of the residents when there were no activities occurring in the home during the evening time to meet the interests of the residents.

Sources: The home's Attendance record report for recreation program, the home's monthly program calendar, interview with the home's Life enrichment manager.

WRITTEN NOTIFICATION: Food Production

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (3) (b)
Food production
s. 78 (3) The licensee shall ensure that all food and fluids in the food production system are prepared, stored, and served using methods to,
(b) prevent adulteration, contamination and food borne illness. O. Reg. 246/22, s. 78

(3).

The licensee failed to store food in a way that prevented contamination and food borne illness.

Rationale and Summary

During an observation of the production kitchen, the Inspector observed there to be a large deli ham wrapped in cling wrap and an opened package of turkey deli meat placed on the shelf in the fridge. Both items were observed to not have any dating with regards to when the product was opened or when the product was to be consumed by. The Dietary Aide and the Dietary Manager both confirmed that this was not in accordance with safe food handling and posed a risk of foodborne illness, adulteration or contamination.
Failing to ensure that the identified meat products were stored in a safe manner created increased risk of the residents being exposed to food borne illness or contaminated food.

Sources: Observations and interviews with Dietary Aide and Dietary Manager.

WRITTEN NOTIFICATION: Administration of drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (8) (a)
Administration of drugs
s. 140 (8) The licensee shall ensure that no resident who may administer a drug to themself under subsection (6) keeps the drug on their person or in their room except,
(a) as authorized by a physician, registered nurse in the extended class or other prescriber who attends the resident; and

The licensee failed to ensure that resident did not administer a drug to themselves under subsection (6) keeps the drug on their person or in their room unless the administration had been approved by the prescriber.

Rationale and Summary

The Inspector observed three over the counter medications sitting on top of a resident's table beside the food.

During separate interviews, PSW, and RPN indicated that the medication has been brought by the family and that the resident was not safe to self-administer the medication.

The Associate Director of Care (ADOC) indicated that the expectation in the home was for a resident to be assessed and to have a physician's order stating that the resident was safe to self-administer medication(s). This assessment was expected to be documented in the resident's health care record and included on the resident's electronic Medication Administration Record (e-MAR).

A review of the resident's current physician's orders, written plan of care, electronic health care record and e-MAR did not indicate the resident had been assessed or have a physician's order to safely self-administer over-the-counter medications.

By not ensuring that resident did not administer a drug to themselves unless the administration had been approved by the prescriber, the resident was placed at risk of possible inappropriate usage of the medications.

Sources: Observations; resident's current physician's orders, written plan of care, electronic health care record, medication and e-TARs; interviews with resident, PSW, RPN and the ADOC.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Prior to the start of each shift for life enrichment staff (including volunteers and students) on their respective units (each shift change), until all staff, volunteers and students have received the training, the IPAC lead, or management designate will provide education on the steps for hand hygiene on every life enrichment activity. The IPAC lead or management designate will develop a Hand Hygiene education Audit Sheet to document staff education on hand hygiene for each life enrichment activity, including the cleaning, and disinfecting of equipment. The Education/Audit Sheet will include a section for the IPAC Lead or designate to sign, indicating that they provided the education to the Life enrichment staff prior to their shift, as well as a section for the Life enrichment staff to acknowledge receipt of the education. A

documented record of education provided, including staff signatures and accurate staff/volunteer/student schedule detailing who worked on each unit, each day, and each shift, must be maintained for one month.

2.The IPAC lead, or management designate will complete audits of resident hand hygiene before and after life enrichment group activities, three times a week for six weeks. The audit will include the name of the staff member completing the audit, the name of the staff member who provided the life enrichment activity to the resident, and whether the resident received hand hygiene. If hand hygiene was not provided to the resident before and after life enrichment activity, on-the-spot education must be provided to the staff member, and the audit record must include the name of staff member, the date, and details of the on-the-spot education provided.

3. All records and audits will be retained and made available to Inspectors immediately upon request.

Grounds

1.The licensee has failed to ensure that any standard or protocol issued by the Director with respect to the Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee has failed to ensure that staff performed hand hygiene at the moments required.

Rationale and Summary

According to 9.1 b) of the IPAC Standard for Long-Term Care Homes, revised September 2023, the licensee was required to ensure that Routine Practices were followed in the IPAC program and at a minimum, included hand hygiene, including, but not limited to, at 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).

During the inspector's observations, a large animal-pet interaction group activity was seen in the garden area. Residents, family members, staff and volunteers were touching the animals for petting opportunity. Drinks were also provided to several residents during the activity. Staff did not perform hand hygiene between interaction with the residents. The Life Enrichment Manager acknowledged that hand hygiene should have been performed between staff interactions with each resident.

The IPAC Lead confirmed that the staffs were required to perform hand hygiene between residents.

The failure to perform hand hygiene between residents placed them at risk of contracting infectious diseases.

Sources: Observations, interviews with the life enrichment manager and the IPAC lead.

2.The licensee has failed to ensure that any standard or protocol issued by the Director with respect to the Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee has failed to ensure that staff promote opportunities for resident hand hygiene at the moments required.

Rationale and Summary

According to section 10.2 The hand hygiene program shall be multifaceted and multidisciplinary. The licensee shall ensure that the program includes, at minimum, training and education, hand hygiene audits, a hand care program, and hand

hygiene and hand care support for residents. The licensee shall also ensure that the hand hygiene program for residents has a resident centered approach with options for residents, while ensuring that hand hygiene is being adhered to. The hand hygiene program for residents shall include: (a)Promoting opportunities for resident hand hygiene.
The inspector's observations, a large animal-pet interaction group activity was seen in the garden area. Residents, family members, staff and volunteers were touching the animals for petting opportunity. Drinks were also provided to several residents during the activity without promoting opportunities for resident hand hygiene.

The Life Enrichment Manager acknowledged that hand hygiene should have been promoted and offered with each resident during the activity.

The IPAC Lead confirmed that the staffs were required to promote and offer hand hygiene to residents.

The failure to promote opportunities for resident hand hygiene placed them at risk of contracting infectious diseases.

Sources: Observations, interviews with the life enrichment manager and the IPAC lead.

This order must be complied with by October 1, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.