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
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Original Public Report

Report Issue Date: May 15, 2023	
Inspection Number: 2023-1444-0002	
Inspection Type: Complaint Critical Incident System	
Licensee: Parkview Meadows Christian Retirement Village	
Long Term Care Home and City: Gardenview Long Term Care Home, Townsend	
Lead Inspector Barbara Grohmann (720920)	**Inspector Digital Signature** Barbara Grohmann 2023.06.19 14:55:32 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 8-11, 2023.

The following intake was completed in this complaint inspection:

- Intake: #00013483 was related to inadequate staffing levels and personal care.

The following intake was completed in this Critical Incident (CI) inspection:

- Intake: #00018987 (CI #2961-000001-23) was related to falls prevention and management.

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

Falls Prevention and Management
Infection Prevention and Control
Reporting and Complaints

INSPECTION RESULTS

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 #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (1) (c)

A resident's care plan and kardex stated that they received a bath on a specific day and time of day. The unit's bath schedule showed that the resident's scheduled bath did not match the information in their care plan.

A personal support worker (PSW) stated that unit's current bath scheduled was correct. The Assistant Director of Care (ADOC) acknowledged that the resident's care plan did not match the bath schedule. They immediately updated the care plan to reflect the same information as the unit's bath schedule

Sources: unit bath schedule (April 26, 2023), a resident's clinical records; interviews with the ADOC and other staff.
[720920]

Date Remedy Implemented: May 10, 2023

WRITTEN NOTIFICATION: Care Plans and Plans of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 27 (2) 1.

The licensee has failed to ensure that on admission, or after, a resident's care plan included any risk of falling.

In accordance with Ontario Regulations (O. Reg. 246/22), section (s.) 11 (1) (b), the licensee is required to ensure there is a program that provides for strategies to reduce or mitigate falls, including the

monitoring of residents, and must be complied with.

Specifically, staff did not comply with the policy "Fall Prevention Program and Assessment", dated February 2019, which was included in the licensee's Falls Prevention and Management Program.

Rationale and Summary
The home's Fall Prevention Program and Assessment policy stated that on admission, all residents were to have a fall risk assessment and that score would be recorded in the resident's care plan in the potential for falls section. The policy also included that the resident's care plan would be developed indicating falls risk and the risk score would be updated in the care plan quarterly and after each fall.

A resident was admitted in 2020. Upon admission a fall risk assessment was completed which resulted in a numerical score. However, that information was not translated into a risk level and entered into their care plan under the potential for falls section as per the home's policy. Following their admission, fall risk assessments were not completed on a quarterly basis. By the time of the resident's discharge from the home the potential for falls section of their care plan was never utilized.

A registered nurse (RN) stated that if a resident was at risk for falls, that would be added to their care plan. The Administrator/Director of Care (DOC) acknowledged that fall risk should be added to the residents' care plans.

Failure to follow the home's policy and include the resident's fall risk level in their care plan had the potential for the resident not to receive care and monitoring as per their needs.

Sources: a resident's clinical records, Fall Prevention Program and Assessment (February 2019); interviews with Administrator/DOC and other staff. [720920]

WRITTEN NOTIFICATION: Required Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iii)

The licensee has failed to ensure that a resident, who exhibited altered skin integrity, was assessed by a registered dietitian (RD), following their return from hospital.

Rationale and Summary
O. Reg. 246/22, s. 55 (3) defined altered skin integrity as "potential or actual disruption of epidermal or dermal tissue". The home's policy, Wound/Skin Care, stated that a skin assessment was required for any absences greater than 24 hours and a referral to the RD will be completed for assessment of nutritional risk relating to skin integrity.

A resident had a fall and when they returned from the hospital, the registered staff completed a skin assessment that documented multiple areas of altered skin integrity.

An RN explained that referrals were sent to the RD in point click care (PCC) in the form of a progress note and acknowledged that the re-admitting nurse should have completed one. The Administrator/DOC stated that any wounds would be referred to the RD for potential nutrition interventions. A review of progress notes after the resident return from the hospital was completed and no referral to the RD was found regarding the resident's altered skin integrity.

Failure to send a referral to the RD when the resident returned from the hospital with multiple areas of altered skin integrity had the potential for the resident to not receive nutritional care in accordance with their needs.

Sources: a resident's clinical records, Wound/Skin Care (January 2019); interviews with Administrator/DOC and other staff. [720920]