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

Ottawa District
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Original Public Report

Report Issue Date: September 23, 2024
Inspection Number: 2024-1480-0002
Inspection Type: Proactive Compliance Inspection
Licensee: Kemptville District Hospital
Long Term Care Home and City: Kemptville District Hospital, Kemptville

INSPECTION SUMMARY

The inspection occurred on the following date(s): September 11, 12, 13, 16, 17, 18, 19, 2024

The following intake(s) were inspected:

- Intake: #00126243 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards

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)
Non-compliance with: FLTCA, 2021, s. 85 (3) (c)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the home's policy for the prevention of abuse and neglect was posted in the home.

Sources:
Observation of the home's mandatory postings.
The policy for the prevention of abuse and neglect was observed later in the home before the conclusion of the inspection.

Date Remedy Implemented: September 12, 2024.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that an explanation of the protections provided under FLTCA, 2021 s. 30 for whistleblowing were posted in the home.

Sources:
Observation of mandatory postings in the home.

An explanation of the protections provided under FLTCA, 2021 s. 30 for whistleblowing was observed later in the home before the conclusion of the inspection.

Date Remedy Implemented: September 17, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246 / 22, s. 168 (1)
Continuous quality improvement initiative report
s. 168 (1) Every licensee of a long-term care home shall prepare a report on the continuous quality improvement initiative for the home for each fiscal year no later than three months after the end of the fiscal year and, subject to section 271, shall publish a copy of each report on its website.

The licensee has failed to ensure that the report on the continuous quality improvement initiative for the home was published on their website within three months of the end of the fiscal year.

Sources: observation of the website, interview with the Director of Care (DOC).

The report on the continuous quality improvement initiative was published on their website during the inspection.

Date Remedy Implemented: September 17, 2024

NC #004 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246 / 22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure the home's visitor policy was posted in the home.

Sources
Observations of the home's mandatory postings.

The home's visitor policy was observed later in the home before the conclusion of the inspection.
Date Remedy Implemented: September 12, 2024

WRITTEN NOTIFICATION: Cooling requirements

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 23 (3)
Cooling requirements

s. 23 (3) The heat related illness prevention and management plan for the home shall be evaluated and updated, at a minimum, annually in accordance with evidence-based practices. O. Reg. 246 / 22, s. 23 (3).

The licensee has failed to ensure that their heat related illness prevention and management plan for the home was updated and evaluated in 2023.

Sources
Record review of Policy I-L-31 Temperature Monitoring & Heat Related Illness and review of records with the DOC;
Interview with the Director of Care (DOC).

WRITTEN NOTIFICATION: General requirements: Pain management

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 34 (1) 4.
General requirements
s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:
4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure a written record was kept of the home's annual evaluation of the pain management program, as required by Ontario Regulation

246 / 22 s. 53 (1) 4., for 2023.

Sources:
Record review with the Administrator and the DOC;
Interview with the DOC.

WRITTEN NOTIFICATION: Nursing and personal support services

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 35 (4)
Nursing and personal support services
s. 35 (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure that a written record was kept of the annual review of the staffing plan for 2023.

Sources: Interview with the DOC.

WRITTEN NOTIFICATION: Menu planning

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 77 (3)
Menu planning
s. 77 (3) The licensee shall ensure that a written record is kept of the evaluation under clause (2) (b) that includes the date of the evaluation, the names of the

persons who participated in the evaluation, a summary of the changes made and the date that the changes were implemented. O. Reg. 246 / 22, s. 390 (1).

The licensee has failed to ensure that a written record of the home's most recent menu cycle evaluation was kept for the last menu cycle evaluation conducted in 2022.

Sources:
Interview with the Food Services Manager;
Request for records of the home's last menu cycle evaluation for the current menu.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #009 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 has failed to ensure compliance with any standard or protocol issued by the Director with respect to infection prevention and control (IPAC). Specifically, the licensee has failed to ensure compliance with section 10.4 (d) i. of the IPAC Standard additional requirement, which requires monthly audits of hand hygiene by staff, by not ensuring that a monthly hand hygiene audit was conducted in May 2024.

Sources:
Review of the home's record of hand hygiene audits;

Interview with the IPAC Manager.

WRITTEN NOTIFICATION: Quarterly Evaluation

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 124 (1)
Quarterly evaluation
s. 124 (1) Every licensee of a long-term care home shall ensure that an interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system. O. Reg. 246 / 22, s. 124 (1).

The licensee has failed to ensure that an interdisciplinary team including the Medical Director, the Administrator, the Director of Nursing and Personal Care, and the pharmacy service provider, meet quarterly to evaluate the medication management system. Specifically, the licensee has failed to ensure the Administrator was a member of this interdisciplinary team for the most recent quarterly review of the home's medication management system.

Sources:
Record review of the home's minutes of the quarterly evaluation of the medication management system;
Email correspondence with the DOC;
Interview with the Administrator.

WRITTEN NOTIFICATION: Continuous quality improvement

initiative report

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 168 (2) 5.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure the report on the 2023 continuous quality improvement initiative for the home contained information on the dates the Resident and Family Experience Survey was completed, the results of that survey, and how, and the dates when, the results of the survey were communicated to the resident's council.

Source: Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario.

WRITTEN NOTIFICATION: Training and orientation program

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 257 (3)

Training and orientation program
s. 257 (3) The licensee shall keep a written record relating to each evaluation under subsection (2) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure a written record was kept of the 2023 annual evaluation of the home's training program.

Sources:
Record review of home's training program evaluation with the Administrator and the DOC;
Interview with the DOC.

COMPLIANCE ORDER CO #001 Doors in a home

NC #013 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 12 (1) 1. i.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
i. kept closed and locked,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Ensure that all doors to non-resident areas in the Long-Term Care (LTC) unit are kept closed and locked at all times when not in use;
B) Ensure that any door in the LTC unit that is equipped with an automatic locking mechanism locks upon closure of the door it is installed on;
C) A management member will perform, at minimum, two audits per week, for a period of four weeks, of staff compliance with the closure and locking of doors to non-resident areas and the functionality of all doors equipped with an automatic locking mechanism;
E) Steps (A) through (C) must be documented to support actions taken and to allow for inspector review to determine compliance.

Grounds
The licensee has failed to ensure that doors to non-resident areas were kept closed and locked at all times. Specifically, the licensee has failed to ensure that the doors

to the environmental services closet, the soiled utility room, and the kitchen storage rooms were not kept locked when not being used or supervised by staff. During an observation, the environmental services closet door was found to be closed however, when tested by the inspector, the door was found to be unlocked. During an observation of the kitchen storage room door by the inspector, the door was found to be closed but not locked . During the observation of the kitchen storage room a staff member stated to the inspector that they do not lock the door to the kitchen storage room. During an observation, the door to the soiled utility room was found by the inspector to be closed but not locked when tested, with equipment that appeared inappropriate for unsupervised resident use being present in the room. According to an interview with the DOC, the kitchen storage room, environmental services closet, and soiled utility room are not resident areas.

Sources:
Observations of environmental services closet, kitchen storage room, and soiled utility room during the inspection.
Interview with the DOC.

This order must be complied with by November 1, 2024

COMPLIANCE ORDER CO #002 Air temperature

NC #014 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Ensure that the Long-Term Care (LTC) unit's air temperatures are maintained at 22 degrees Celsius;
B) Develop a written action plan with detailed steps on immediate actions to be taken by LTC staff to bring the LTC unit back to 22 degrees Celsius while maintaining resident safety and comfort if any areas of the home are found to be below 22 degrees. This action plan must include a provision that a member of the staff documents all steps taken, including dates and times, to bring the LTC unit back to 22 degrees Celsius while maintaining resident safety and comfort;
C) Provide education to all LTC direct care and maintenance staff regarding their relevant roles and responsibilities based on the action plan required by Step B;
D) A management team member will perform weekly audits of air temperatures of the LTC unit to ensure that the home is being maintained at 22 degrees Celsius from September 30, 2024, until the compliance due date of November 1, 2024. If it is found during during these audits that the LTC unit's temperature went below 22 degrees Celsius, a management team member will ensure that the action plan, as required in Step B, was implemented immediately and that all steps were taken to correct the home's temperature while maintaining resident comfort and safety. If it is determined that the action plan is not complied with, management will ensure re-

education is provided to relevant staff to ensure compliance with the plan required by Step B;
F) A written record is to be maintained for steps (A), (B), (C), and (D) to ensure compliance with this order. For the education or re-education requirements in steps (C) and (D), the written record of the education must include the name of the person providing the education, the date(s) and time(s) of when the education was performed, and the name(s) and role(s) of those who attended.

Grounds
The licensee has failed to ensure that the home is consistently maintained at a temperature of 22 degrees Celsius.

Per the Long-Term Care (LTC) unit's air temperature logs, on the dates of August 5-29, and September 1-4, and 9, 2024, the home failed to ensure all areas of the home were maintained at a temperature of 22 degrees Celsius. During the dates of August 19-26, 2024, and September 1-3, 2024, multiple areas of the home were recorded at below 22 degrees Celsius for prolonged periods. Two residents both expressed, during interviews with the inspector, that areas of the home can be cold. The Maintenance Team Lead stated that they try to ensure that the LTC unit is maintained at 22 degrees Celsius, however this can be challenging, especially during summer months when the heating system is not used as the air conditioning system takes a long period of time to respond and reduce its cooling. The Maintenance Team Lead also confirmed that the LTC unit went through several sustained periods of time when the temperature was below 22 degrees Celsius.

Sources:
The LTC unit's temperature logs for August and September 2024;
Interviews with two residents and the Maintenance Team Lead.

This order must be complied with by November 1, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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.