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

London District
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Original Public Report

Report Issue Date: March 10, 2023	
Inspection Number: 2023-1627-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: County of Oxford	
Long Term Care Home and City: Woodingford Lodge - Woodstock, Woodstock	
Lead Inspector Tatiana Pyper (733564)	**Inspector Digital Signature** Tatiana Pyper Digitally signed by Tatiana Pyper Date: 2023.03.10 10:44:00 -05'00'
Additional Inspector(s) Loma Puckerin (705241) Ali Nasser (523)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
March 1, 2, 3, 6, and 7, 2023

The following intake(s) were inspected:

- Intake: #00021413 - 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
Residents' and Family Councils
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (15) 2.

The licensee has failed to ensure that the infection prevention and control lead works regularly in that position on site in a home for at least 26.25 hours per week.

Rationale and Summary

Section 102 (15) (2) of the Ontario Regulation 246/22, specified that a home with a licensed bed capacity of more than 69 beds but less than 200 beds, was required to have a designated Infection Prevention and Control (IPAC) lead who worked regularly on site at the home for a minimum of 26.25 hours per week. The home had 160 bed capacity, and therefore met the 26.25 hours per week requirement.

In an interview, the IPAC Lead confirmed that they had not worked the required 26.25 hours per week.

The home not having the designated IPAC lead whose primarily responsibility was the home's IPAC program work the required number of hours per week, has not shown evidence of risk to residents at the time of inspection.

Sources: Interview with the IPAC Lead.

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary

On a specific date, during meal service observations, a staff member was observed providing a resident with a regular texture meal that was not the correct diet texture as specified in their plan of care.

A review of the plan of care for the resident indicated that they required a specific texture to meet the needs of their chewing and swallowing ability.

During an interview with the Assistant Supervisor for Nutrition and the Registered Dietitian (RD), they confirmed that the resident was not given the correct diet texture, as per their plan of care.

There was potential risk for harm due to choking to the resident when they were provided with a diet texture that was not as per their plan of care.

Sources: Review of the resident ’s clinical records, meal observations in the home, and interviews with the Assistant Supervisor for Nutrition and the RD.

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WRITTEN NOTIFICATION: CONTINUOS QUALITY IMPOVEMENT

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 168 (6) (a)

The licensee has failed to ensure that the interim continuous quality improvement report for the 2022-2023 fiscal year prepared under subsection (5) was published on the home’s website.

Rationale and Summary

Ontario Regulations 246/22, s. 186 (6) (a) required every licensee of a long-term care home to prepare an interim continuous quality improvement report for the 2022-2023 fiscal year, which had to be published on the home's website, subject to section 271.

During the inspection, Inspector #733564 noted that the interim continuous quality improvement report for the 2022-2023 fiscal year had not been published on the home's website.

In an interview with the Manager of Continuous Quality Improvement, they acknowledged that the interim continuous quality improvement report for the 2022-2023 fiscal year had not been published.

The interim continuous quality improvement report for the 2022-2023 fiscal year not being published on the home's website presented no risk to residents.

Sources: review of home's website and interview with the Manager of Continuous Quality Improvement.

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WRITTEN NOTIFICATION: CONTINUOS QUALITY IMPROVEMENT

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 166 (2) (9)

The licensee has failed to ensure that the continuous quality improvement committee included a member of the home's Residents' Council.

Rationale and Summary

Section 166 (2) (9) of the Ontario Regulation 246/22, specified that the home's continuous quality improvement committee had to include a member of the home's Residents' Council.

Review of the continuous quality improvement committee of the home indicated that the committee did not include a member of the home's Residents' Council.

In an interview with the Administrator, they acknowledged that the continuous quality improvement

committee did not include a member of the home's Residents' Council.

Sources: review of continuous quality improvement committee and Interview with the Administrator.

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