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
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: August 12, 2024
Inspection Number: 2024-1456-0006
Inspection Type: Critical Incident Follow up
Licensee: Almonte General Hospital
Long Term Care Home and City: Fairview Manor, Almonte

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29, 30, 31, 2024 and August 1, 6, 7, 8, 2024

The following intake(s) were inspected:

- Intake: #00114710 - Follow-up #: 1 - O. Reg. 246/22 - s. 102 (2) (b) related to hand hygiene as part of the home's Infection Prevention and Control program.
- Intake: #00114711 - Follow-up #: 1 - FLTCA, 2021 - s. 19 (2) (c) related to the the home's resident communication and response system.
- Intake: #00117221 - 2973-000017-24 - Fall of resident resulting in injury and change in condition.
- Intake: #00118132 - 2973-000019-24 - Resident-to-resident abuse
- Intake: #00118151 - 2973-000020-24 - Resident-to-resident abuse.
- Intake: #00118172 - IL-0127167-AH/2973-000021-24 -Resident-to-resident abuse.
- Intake: #00119077 - 2973-000022-24 - Fall of resident resulting in injury and change in condition.

- Intake: #00120664 - IL-0128434-AH / 2973-000027-24 Resident-to-resident abuse.
- Intake: #00122258 - 2973-000028-24 -Fall of resident resulting in hospitalization.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1456-0003 related to O. Reg. 246 / 22, s. 102 (2) (b)

Order #001 from Inspection #2024-1456-0003 related to FLTCA, 2021, s. 19 (2) (c)

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and Management

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. 25 (2) (b)
Policy to promote zero tolerance
s. 25 (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(b) shall clearly set out what constitutes abuse and neglect;

The licensee has failed to ensure that the home's policy for the promotion of zero tolerance of abuse and neglect clearly set out what constitutes resident-to-resident abuse.

Sources:
Review of Policy # II-A-10, VI0G-10.04 Abuse and Neglect of a Patient/Resident, last reviewed July 2024.
Interview with the Director of Care.

The licensee amended the definition of resident-to-resident abuse in their policy for the promotion of zero tolerance of abuse and neglect to align with the legislative definition of resident-to-resident abuse found in Ontario Regulation 246/22 s. 2 (1) prior to the conclusion of the inspection.

Date Remedy Implemented: August 6, 2024

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (8)
Plan of care
s. 6 (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it.

The licensee has failed to ensure that a resident's plan of care was conveniently and immediately accessible to staff. Specifically, a resident's behaviour support tips sheet was not immediately available to staff.

Sources:
Review of a resident's physical chart;
Interview with a PSW.

WRITTEN NOTIFICATION: Plan of Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (9) 1.
Plan of care
s. 6 (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that a resident's provision of care was documented as set out in the plan. Specifically, a resident's safety rounding and Personal Assistance Services Device (PASD) functionality testing were not being documented as specified in the resident's plan of care.

Sources:
Record review of a resident's electronic and physical chart;
A resident's care plan;
Interview with a Personal Support Worker (PSW) and the Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Policy to promote zero tolerance of abuse and neglect

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that a Registered Nurse (RN) complied with the licensee's policy for the promotion of zero tolerance of abuse and neglect. Specifically, the licensee failed to ensure the RN reported two separate incidents of suspected resident-to-resident abuse to the manager on-call or Director of Care (DOC) as required by the licensee's policy.

Sources:
Interviews with an RN, the ADOC, and DOC;
Policy # II-A-10, VI0G-10.04 Abuse and Neglect of a Patient/Resident, last reviewed July 2024.

WRITTEN NOTIFICATION: Reporting certain matters to the Director

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that two incidents of suspected resident-to-resident abuse were reported to the Director immediately.

Sources:
Critical Incident 2973-000019-24 and 2973-000020-24;
Interviews with the ADOC and DOC

WRITTEN NOTIFICATION: Skin and wound care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 55 (2) (a) (ii)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by an authorized person described in subsection (2.1)
(ii) upon any return of the resident from hospital, and

The licensee has failed to ensure two residents received a skin assessment upon their respective returns from hospital.

Sources:
Review of two resident's physical and electronic charts;
Interviews with a Registered Practical Nurse (RPN) and the ADOC.

WRITTEN NOTIFICATION: Security of drug supply

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 139 1.
Security of drug supply
s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that an area where drugs are stored was kept locked when not in use. Specifically, the licensee failed to ensure that a medication cart was kept locked when not being directly used by an RPN.

Sources:
Observation of a medication cart during the inspection on Heritage House unit

COMPLIANCE ORDER CO #001 Plan of care

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
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,
(c) clear directions to staff and others who provide direct care to the resident; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
A) Ensure that a resident's plan of care clearly outlines, in writing, interventions for the management of the resident's behaviours including safety monitoring requirements. In addition, if the resident's initial interventions for their responsive behaviours are deemed ineffective, the plan of care shall identify additional interventions.
B) A management team member will perform a weekly audit for a period of four (4) consecutive weeks to ensure responsible staff members are implementing safety monitoring interventions as required in the resident's plan of care. The audits will consist of assessing documentation of the resident's responsive behaviours, actions taken by staff in response to the behaviours, and reassessments of the effectiveness of an intervention to the resident's responsive behaviours;
C) Take corrective action if any audits reveal staff are not implementing safety monitoring interventions for the resident as required by their plan of care, including, but not limited to, staff education regarding appropriate responses and interventions to the resident's responsive behaviours;
D) Keep a written record of all requirements outlined in (A), (B), and (C).

Grounds
The licensee has failed to ensure that a resident's plan of care provided clear direction to staff and others who provide care to the resident. Specifically, the licensee failed to ensure that a resident's care plan provided clear direction to staff regarding the resident's responsive behaviour interventions and safety monitoring requirements.

On a specified date a resident pushed another resident, causing the resident to fall and sustain an injury with a change in condition. The resident who pushed the other resident had been administered two doses of a sedative medication prior to the incident, as the resident was displaying responsive behaviours and signs of agitation, but the medication administrations were both assessed to be ineffective. At the time of the incident, the resident's plan of care required safety monitoring at specified time intervals. The ADOC indicated that the resident required constant safety monitoring when pharmacological and/or non-pharmacological interventions were ineffective for their responsive behaviours. The ADOC and an RPN further indicated that the resident was not having continual safety monitoring at the time of the altercation with the other resident.

Sources:
CI 2973-000021-24;
Two residents' medical charts;
Interviews with a Personal Support Worker (PSW), two RPNs, the ADOC, and the DOC.

This order must be complied with by September 20, 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.