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

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Public Report

Report Issue Date: January 3, 2025
Inspection Number: 2024-1463-0005
Inspection Type: Complaint Critical Incident (CI)
Licensee: Mill Creek Care Centre
Long Term Care Home and City: Mill Creek Care Centre, Barrie

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 19-22, 25-29, 2024, December 2-5, 2024.
The inspection occurred offsite on the following date(s): November 29, 2024.

The following intake(s) were inspected:
- Intake: #00122737, #00123384, #00125569, #00126327 - prevention of abuse and neglect
- Intake: #00122943 - fall prevention and management
- Intake: #00126924 - responsive behaviours
- Intake: #00129575 - medication management

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
Infection Prevention and Control
Prevention of Abuse and Neglect

Responsive Behaviours
Staffing, Training and Care Standards
Pain Management
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. 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

A written plan of care did not provide staff with clear directions regarding if the resident required one or two person assistance for transfers.

The residents written plan of care was updated to clearly identify that they required two-person assistance for transfers.

Date Remedy Implemented: November 27, 2024

[741126]

WRITTEN NOTIFICATION: Duty of Licensee to Comply with Plan

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

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

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

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

Rationale and Summary

A resident required two-person, extensive physical assistance with their activities of daily living.

A personal support worker (PSW) acknowledged that they provided care to the resident without the assistance of a second staff member.

When the home failed to ensure the resident received the appropriate level of care as specified in their plan of care, the resident was at risk of injury.

Sources: care plan, observations, interviews with staff.

[000861]

WRITTEN NOTIFICATION: General Requirements for Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (2)

General requirements

s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the

resident's responses to interventions are documented.

The licensee failed to ensure that reassessments, interventions and a resident's responses to interventions were documented specifically to their continence care regime.

Rationale and Summary

A resident required specialized continence equipment that required weekly monitoring and maintenance.

Staff identified concerns with the resident's continence equipment, there was no follow up assessment completed. Additionally, there was no follow up assessment or documentation that maintenance of the equipment was completed for two consecutive weeks.

The resident experienced complications related to their specialized equipment. The course of events that took place were unclear when assessments, interventions, monitoring, and complications were not documented for two consecutive weeks.

Sources: progress notes, electronic Medication Administration Record (eMAR), electronic Treatment Administration Record (eTAR), interviews with staff.

[729]

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe techniques when assisting a resident.

Rationale and Summary

A resident was at risk of impaired skin integrity related to fragile skin.

A PSW did not take appropriate measures assisting the resident with a transfer resulting in a skin tear.

Sources: care plan, progress note, wound rounds assessment tool, interviews with staff.

[000861]

WRITTEN NOTIFICATION: Required Programs

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 53 (2) (b)
Required programs
s. 53 (2) Each program must, in addition to meeting the requirements set out in section 34,
(b) provide for assessment and reassessment instruments. O. Reg. 246/22, s. 53 (2).
The licensee failed to ensure that the home's interdisciplinary nursing program policies were developed, implemented, and evaluated.

In accordance with O. Reg 246/22 s. 11(1)(b), the licensee is required to ensure that guidelines were followed for each program, specifically the home's nursing program and provided for assessment and reassessment instruments.

Specifically, staff did not comply with the home's policy related to specialized continence care equipment, which was included in the home's nursing program procedures.

Rationale and Summary

A resident required specialized continence equipment.

The home's policy directed staff to measure and document specific information every eight hours related to the specialized continence equipment.

A PSW stated they did not measure and document as per the policy. The ADOC stated that staff usually had a prompt in their documentation task to record the required information; however, the resident did not have the task set up for staff to document.

The resident was at risk for delayed treatment and interventions when staff did not follow the home's policy and record the required information related to the residents specialized continence equipment.

Sources: the home's policy, task in point of care (POC), interviews with staff.

[729]

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) (b) (i)
Skin and wound care
s. 55 (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,
(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee failed to ensure that when a resident had skin breakdown they received a skin assessment by an authorized person using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Rationale and Summary

On two occasions, an initial skin and wound assessment was not completed of a newly identified area of altered skin integrity.

When there was no documented assessment using a clinically appropriate assessment instrument of a newly identified area of altered skin integrity, there was ongoing risk of deterioration of the area, and it was difficult to compare and evaluate the wound for progression or deterioration and implement treatment as required.

Sources: the home's wound rounds application, eMAR and eTAR, progress notes, interviews with staff.

[729]

WRITTEN NOTIFICATION: Skin and Wound Care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (ii)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

The licensee has failed to ensure a resident exhibiting altered skin integrity, including, skin tears, received immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection.

Rationale and Summary

A resident was identified to have a new area of altered skin integrity. A clinically appropriate skin assessment was not completed for this skin tear for several days.

Several days later, a second area of altered skin integrity was identified and not assessed using a clinically appropriate skin assessment tool.

No immediate treatment or interventions were provided to the resident for either skin tear when they were first identified.

When the residents' areas of altered skin integrity were not assessed and treated immediately, there was a risk of wound deterioration.

Sources: eMAR and eTAR, progress notes, Skin Care and Wound Management Program Policy, interviews with staff.

[741126]

WRITTEN NOTIFICATION: Pain Management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 57 (2)
Pain management
s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that when resident #015's pain was not relieved by initial interventions, the resident was assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

Rationale and Summary

The homes Pain Management Procedure indicated that if a resident's pain was not relieved with initial interventions, the physician should be notified for alternate pain control measures and a pain assessment should be completed.

A resident had a fall resulting in pain.

Pain management medication was ordered and administered but not effective in relieving the resident's pain.

The resident was not provided with additional pain medication to manage their pain, the doctor was not contacted regarding alternate pain control measures and a pain assessment was not completed.

By failing to complete a pain assessment for the resident after the initial intervention of pain medication was not effective, the resident was in pain for 10 hours with no new pain control measures implemented.

Sources: progress notes, pain assessments, eMAR, physician's orders, Pain Management Procedure Reviewed Date April 3, 2024, interviews with staff.

[741126]

WRITTEN NOTIFICATION: Responsive Behaviours

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)
Responsive behaviours
s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,
(b) strategies are developed and implemented to respond to these behaviours, where possible; and
The licensee failed to ensure that when resident #012 was demonstrating responsive behavious the strategies developed were implemented.

Rationale and Summary

A) A resident had responsive behaviours with identified triggers and interventions documented in their care plan.

Two PSW's acknowledged that they exposed the resident to their triggers and did not implement the required interventions resulting in escalation of the resident's behaviours.

The actions of staff resulted in the escalation of the resident's responsive behaviours requiring pharmacological and non-pharmacological interventions.

Sources: care plan, progress notes, interviews with staff.

B) A resident's plan of care indicated they required a specific intervention in place related to their responsive behaviours.

The PSW assigned to the resident did not implement the specific intervention resulting in the resident falling.

The resident was negatively impacted when the interventions to ensure their safety were not implemented.

Sources: care plan, activity log, risk management report, interviews with staff.

[729]

WRITTEN NOTIFICATION: Food Production

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (c)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(c) standardized recipes and production sheets for all menus;

The licensee's food production system failed to provide for standardized recipes and production sheets for all menus.

Rationale and Summary

Staff were required to prepare menu items by following standardized recipes. Standardized recipes were located in meal-suite and used the metric system for weighing and measuring ingredients.

The following food items were not prepared using standardized recipes: pureed lemon cake, braised Spanish pork, chicken noodle soup, turkey and roast beef sandwiches.

When the staff did not produce food items following the standardized recipes, there was a risk of inconsistent taste, nutritive value, appearance, food quality and quantity, and chewing and swallowing problems.

Sources: observations, standardized recipes from meal-suite, ThickenUp Label, interviews with staff.

[753]

WRITTEN NOTIFICATION: Food Production

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (2) (g)
Food production
s. 78 (2) The food production system must, at a minimum, provide for,
(g) documentation on the production sheet of any menu substitutions. O. Reg. 246/22, s. 78 (2).

The licensee failed to ensure that the food production system provided for documentation on the production sheet of any menu substitutions.

Rationale and Summary

Staff were required to document on the Menu Substitution Form the following information: date, meal, original menu item, substitute menu item, reason for menu change, substitution approved by, production sheets, therapeutic menu and daily menu posting updated.

At the time of the inspection, carrot cake, strawberry gelatin and a multi-grain roll were planned for the menu, however, date square and blueberry gelatin were provided during service. There was no substitution for the dinner roll.

The Menu Substitution Form did not include the changes to the menu and prior documentation related to pork and waffles was incomplete.

When documentation of menu substitutions was incomplete, adjustments to production sheets, menus and ordering could not be made to minimize future substitutions.

Sources: Observations, Week 3 and Week 4 Summer-Fall Menu Cycle, Menu Substitution Form (November 2024), interviews with staff.

[753]

WRITTEN NOTIFICATION: Dealing with Complaints

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints
s. 108 (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:
3. The response provided to a person who made a complaint shall include,
i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee has failed to ensure that the response provided to a person who made a complaint included the Ministry's toll-free telephone number for making complaints about homes and the contact information for the patient ombudsman.

Rationale and Summary

The long-term care home received a complaint about the care of a resident.

The long-term care homes response to this complaint did not include the Ministry's toll-free telephone number for making complaints about homes or the contact information for the patient ombudsman.

Sources: Complaint response letter; interview with staff.

[741126]