

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 16, 2025

Inspection Number: 2024-1470-0004

Inspection Type:

Complaint

Critical Incident

Licensee: Oneida Nation of the Thames

Long Term Care Home and City: Oneida Nation of the Thames Long-Term Care Home (Tsi' Nu: yoyantle' Na' Tuhuwasini), Southwold

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6, 7, 9, 10, 13, 14, 15, 2025

The inspection occurred offsite on the following date(s): January 7, 8, 16, 2025

The following intake(s) were inspected:

- Intake: #00132753 -Complaint related to resident care.
- Intake: #00132958 -Complaint related to resident care.
- Intake: #00136814 -Complaint related to resident care.
- Intake: #00132868 -CI 3042-000010-24 - Fall of resident with injury.

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

Resident Care and Support Services
Skin and Wound Prevention and Management
Continence Care
Medication Management

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Infection Prevention and Control
Reporting and Complaints
Palliative Care
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

The licensee has failed to ensure that a resident's care plan provided clear directions to staff related to care. The resident's plan of care was updated during the inspection.

Sources: Review of resident's care records, resident and room observations, and interviews with staff.

Date Remedy Implemented: January 14, 2025

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

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The licensee failed to ensure that staff used supplies, including but not limited to, gauze, sterile pads, dressings, catheters and safety systems, prior to the expiration date. The expired supplies held in the storage room were removed during the inspection.

Sources: Observation of storage room, interviews with staff.

Date Remedy Implemented: January 14, 2025

WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #003 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.

(A) The licensee failed to ensure that an intervention was provided for a resident as specified in their plan.

Resident was observed on two different occasions without the intervention in place.

The lack of having this intervention in place put this resident at risk for injury.

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Sources: Observations of resident and signage in room; review of resident's clinical records and Critical incident and interviews with staff.

(B) The licensee failed to ensure that a resident had interventions in place as set out in the plan of care.

The resident sustained an injury while the intervention was not in place as directed in their plan of care.

Sources: Review of resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: Reporting and Complaints

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 26 (1) (c)

Complaints procedure — licensee

s. 26 (1) Every licensee of a long-term care home shall,

(c) immediately forward to the Director any written complaint that it receives concerning the care of a resident or the operation of a long-term care home in the manner set out in the regulations, where the complaint has been submitted in the format provided for in the regulations and complies with any other requirements that may be provided for in the regulations.

The licensee failed to ensure that a written complaint was immediately forwarded to the Director. The long-term care home received a complaint, which documented concerns related to resident care and the operation of the home and it was not forwarded to the Director.

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Sources: The home's complaint records, the dealing with complaints policy, review of the long-term care homes portal, and interviews.

WRITTEN NOTIFICATION: Licensee must investigate, respond and act

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 27 (1) (a) (ii)

Licensee must investigate, respond and act

s. 27 (1) Every licensee of a long-term care home shall ensure that,

(a) every alleged, suspected or witnessed incident of the following that the licensee knows of, or that is reported to the licensee, is immediately investigated:

(ii) neglect of a resident by the licensee or staff, or

The licensee has failed to ensure that an alleged incident of neglect towards a resident was immediately investigated. The home received a written complaint regarding a resident's condition. The home did not conduct an investigation into the allegations of neglect.

Sources: Complaint intake, the home's complaints records and dealing with complaints policy, the written complaint to the long-term care home, and interviews.

WRITTEN NOTIFICATION: Reporting certain matters to Director

NC #006 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

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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 failed to ensure that a complaint related to neglect was immediately reported to the Director. The home received a complaint related to alleged neglect of a resident and a critical incident report was not completed.

Sources: Complaint forwarded to the home, review of the long-term care homes portal, the home's dealing with complaints policy, and interviews.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #007 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 failed to ensure that staff used safe positioning techniques when transferring a resident.

The plan of care and policy were not followed with transferring the resident.

Sources: Record review of Physiotherapy: Lifts and Transfers Assessment, PT, Policy, Origination January 2016, Last approved April 2018, Last revised January 2016, Next review January 2024 and resident clinical records; observations of resident and interviews with staff.

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WRITTEN NOTIFICATION: Continence care and bowel management

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 56 (1) 4.

Continence care and bowel management

s. 56 (1) The continence care and bowel management program must, at a minimum, provide for the following:

4. Strategies to maximize residents' independence, comfort and dignity, including equipment, supplies, devices and assistive aids.

The licensee failed to ensure that the home's continence care and bowel management program provided two residents strategies to effectively clean their supplies. Supplies were not being cleaned according to the policy of the home.

Sources: The home's policy, a complaint intake, interviews with staff, and resident room observations.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (2)

Dealing with complaints

s. 108 (2) The licensee shall ensure that a documented record is kept in the home that includes,

- (a) the nature of each verbal or written complaint;
- (b) the date the complaint was received;

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(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required;

(d) the final resolution, if any;

(e) every date on which any response was provided to the complainant and a description of the response; and

(f) any response made in turn by the complainant.

The licensee failed to ensure that a documented record was kept in the home related to a written and verbal complaint related to the care and safety of a resident. The home had not maintained a record which included the nature of the complaint; the date the complaint was received; the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; the final resolution, if any; every date on which any response was provided to the complainant and a description of the response; and any response made in turn by the complainant.

Sources: The home's complaint records and dealing with complaints policy, and interview with staff.

WRITTEN NOTIFICATION: Dealing with Complaints

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 108 (3)

Dealing with complaints

s. 108 (3) The licensee shall ensure that,

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- (a) the documented record is reviewed and analyzed for trends at least quarterly;
- (b) the results of the review and analysis are taken into account in determining what improvements are required in the home; and
- (c) a written record is kept of each review and of the improvements made in response.

The licensee failed to ensure that the documented records of complaints were reviewed and analyzed for trends, including a written record of the review results and of the improvements made. The home was unable to provide documented record of the home's quarterly complaint review.

Sources: The home's dealing with complaints policy, and interviews with management.

COMPLIANCE ORDER CO #001 Safe storage of drugs

NC #011 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (iv)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

- (a) drugs are stored in an area or a medication cart,
- (iv) that complies with manufacturer's instructions for the storage of the drugs; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

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1. Provide education to all registered nursing staff on the home's policy related to monitoring of medication refrigerator temperatures. Document and keep a record of the attendees, content of the education, dates provided and by whom it was provided.
2. Complete weekly audits until this order is complied, of the refrigerator temperature logs for the medication refrigerators. Include the following in the audits; date completed, who completed the audit, content of the audit, and any discrepancies and corrective actions taken including education provided.

Grounds

The licensee has failed to ensure that drugs were stored at the recommended temperature according to the manufacturer's instructions.

The medication refrigerators had recorded temperatures, in the temperature log, outside of the manufacturer's recommended range for several months as well as many days without any recorded readings at all.

The medications stored in the refrigerators consisted of various medications for several different residents in the home.

The pharmacy consultant stated that because the medications were stored at unknown temperatures for an unknown time frame, those medications should be discarded and replaced.

The lack of monitoring of the temperatures of the medication refrigerators by nursing staff put residents at risk who received refrigerated medications.

Sources: Interviews; observations of medication refrigerators and thermometers and record review of medication refrigerator temperature logs, Medication Refrigerator Policy No: 3.5 Initial Effective Date: July 4, 2022, Revised Date: July 31, 2024, Reviewed Date: July 31, 2024 and Pharmacy Audits.

This order must be complied with by March 21, 2025

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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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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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

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Director

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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.