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

North District
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Original Public Report

Report Issue Date: April 30, 2024

Inspection Number: 2024-1469-0001

Inspection Type:
Proactive Compliance Inspection

Licensee: Algoma Manor Nursing Home

Long Term Care Home and City: Algoma Manor Nursing Home, Thessalon

Lead Inspector	**Inspector Digital Signature**
Jennifer Lauricella (542)	Jennifer Lauricella Digitally signed by Jennifer Lauricella Date: 2024.05.03 10:57:56 -04'00'

Additional Inspector(s)
Betty Jean Hendricken (740884)
Amy Geauvreau (642)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 15, 16, 17, 18, 19, 2024

The following intake(s) were inspected:

- Intake: #00112339 - PCI Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management
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
Reporting and Complaints
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Complaints Procedure - Licensee

NC #001 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 immediately forward a written complaint to the Director concerning the care of a resident.

Summary and Rationale

The Administrator received a written complaint concerning the care of a resident, but the written complaint was not submitted to the Director. In an interview, the Administrator confirmed that the written complaint was not forwarded to the Director.

Sources: Written complaint dated a specific day in 2024, interview with Administrator.
[740884]

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.

Summary and Rationale

During observations of a meal service, Inspector #542 observed a staff member providing a resident with an intervention that was not part of their care plan.

An interview with the PSW was conducted and they indicated that the resident sometimes received the different interventions.

An interview with the Registered Dietitian (RD) indicated that the staff were to be following what was in the plan of care and any change needed to be brought to the Registered Nurses attention.

Sources: Observations; a resident's care plan and interviews with a PSW and the RD.

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WRITTEN NOTIFICATION: Nutritional care and hydration programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)
Nutritional care and hydration programs
s. 74 (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutritional care and dietary services and hydration;

Summary and Rationale

Pursuant to Ontario Regulation (O. Reg.) 246/22 s. 11 (1) b, the licensee was required to develop and comply with policies and procedures relating to nutritional care, dietary services and hydration.

Inspector reviewed the second floor's temperature logs for food at point of service for a specific days in April, 2024. There were missing temperature recordings noted. An interview with a Dietary Aide (DA) confirmed, food temperatures were to be conducted by a dietary aide and recorded prior to each meal service, as per the home's Food Temperatures - Point of Service policy. The home's Director of Dietary services confirmed the temperatures should have been recorded.

There was low risk to residents as a result of the home's lack of logging food temperatures.

Sources: Policy: Food Temperatures - Point of Service; Review of temperature logs at point of service; Interviews with a DA and the Director of Dietary services.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.
Infection prevention and control program
s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:
11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee has failed to ensure that the IPAC lead carried out the following responsibility related to the hand hygiene program.

Summary and Rationale
In accordance with IPAC Standard for LTCH, April 2022, and the Additional Requirement 10.1, the IPAC lead was to ensure that the hand hygiene program included 70-90 percent alcohol-based hand rub.

Inspector made an observation of staff using the "Purell Hand Sanitizing Wipes" to assist several residents with hand hygiene prior to the lunch service. The IPAC lead acknowledged that the hand sanitizing wipes used by staff for resident hand hygiene contained 62% alcohol and did not meet the requirements of the hand hygiene program.

Due to improper hand hygiene products being used in the home, there was minimal risk to residents.

Sources: Observations made by the Inspectors; Hand Hygiene, IX-G-10.10 policy, revised 11/2023; and interviews with the IPAC lead and various staff members.[642]

WRITTEN NOTIFICATION: Continuous quality improvement committee

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 166 (2)
Continuous quality improvement committee
s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:
1. The home's Administrator.
2. The home's Director of Nursing and Personal Care.
3. The home's Medical Director.
4. Every designated lead of the home.
5. The home's registered dietitian.
6. The home's pharmacy service provider, or where the pharmacy service provider is a corporation, a pharmacist from the pharmacy service provider.
7. At least one employee of the licensee who is a member of the regular nursing

staff of the home.
8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

Summary and Rationale
During an interview with the home's Quality Assurance lead, they indicated that the Registered Dietitian (RD), a Personal Support Worker (PSW), a Residents' Council member and a Family Council member did not attend the CQI committee meetings.

Sources: The home's CQI Meeting Minutes and interview with the QA lead.

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