

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

<b>Original Public Report</b>	
<b>Report Issue Date:</b> February 6, 2023	
<b>Inspection Number:</b> 2023-1704-0003	
<b>Inspection Type:</b> Complaint Critical Incident System	
<b>Licensee:</b> Westhills Care Centre Inc.	
<b>Long Term Care Home and City:</b> Westhills Care Centre, St Catharines	
<b>Lead Inspector</b> Carla Meyer (740860)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Waseema Khan (741104)	

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):  
January 16th-18th, 20th, 23rd-25th, 2023

The following intake(s) were inspected:

- Intake: #00005154- Responsive Behavior; Food, Nutrition and Hydration, Recreation and Social Activities
- Intake: #00017829- Pain Management; Medication Management; Prevention of Abuse and Neglect; and Resident Care and Support Services

The following intake(s) were completed in this inspection:

- Intake: #00006846-[CI: 3058-000005-22]; Intake: #00007113-[CI: 3058-000004-22]; Intake: #00014038-[CI:3058-000009-22]; Intake: #00017266-[CI:3058-000001-23] were all related to falls.

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

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Falls Prevention and Management  
Food, Nutrition and Hydration  
Medication Management  
Pain Management  
Prevention of Abuse and Neglect  
Recreational and Social Activities  
Resident Care and Support Services  
Responsive Behaviours  
Reporting and Complaints

## 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: O.Reg. 246/22, s. 268 (4) 3.**

The licensee failed to ensure that several hand sanitizers available throughout the home were not expired.

#### Rationale and Summary

During the inspection, several wall pump hand sanitizers were observed to be expired throughout the home.

The Infection Prevention and Control (IPAC) Lead accompanied the inspector to check the expired hand sanitizers and observed that the home was in the process of replacing all expired hand sanitizers throughout the home.

By not ensuring hand sanitizers were not expired, there is a low risk for transmission of infection.

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On January 18th, 2023, all expired sanitizers were replaced.

**Sources:** Observations; and interview with the IPAC Lead.

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**Date Remedy Implemented:** January 17, 2023

**WRITTEN NOTIFICATION: Reports re critical incidents**

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

**Non-compliance with: O.Reg. 246/22, s. 115 (3) 4.**

**Grounds**

The licensee failed to ensure that the Director was informed within one business day after the occurrence of an incident that caused an injury to a resident who was taken to the hospital and found to have a significant change in their health status.

**Rationale and Summary**

The home submitted a Critical Incident System (CIS) report to the Director for an incident that occurred involving a resident.

The critical incident (CI) occurred on a specified date, and the CI was first submitted two days later. It was noted that the after-hours pager was not contacted. The CIS report indicated that the incident caused injury to the resident for which they were transferred to the hospital which resulted in a significant change in their health status. The Director of Care (DOC) confirmed the CIS report was not submitted to the Director within one business day as was required and that the after-hours pager was not contacted. Failure to notify the Director of an incident within the required period did not pose a risk to the resident's care or safety.

**Sources:** CIS report, Critical Incidents – Mandatory Reporting Policy No: [ND-C-08-01] and interview with the DOC.

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## WRITTEN NOTIFICATION: Conditions of License

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

### Grounds

#### Non-compliance with: FLTCA, 2021, s. 104 (3)

The licensee failed to ensure that they complied with the agreement made under the Connecting Care Act, 2019.

### Rationale and Summary

A.) The licensee failed to ensure they complied with the practice requirements of the Resident Assessment Instrument-Minimum Data Set (RAI-MDS) system for a resident following a fall that resulted in a significant change in their condition.

As per the home's Long-Term Care Home Service Accountability Agreement (LSAA) under the connecting Care Act, 2019 (CCA), the licensee was required to meet the practice requirements of the RAI-MDS system which included the completion of quarterly assessments, and all the other assessments of the residents using the RAI-MDS tools.

Further, the home's policy titled, "RAI/MDS", states that any significant change in a resident's condition, either decline or improvement, shall be reassessed along with Resident Assessment Protocols (RAPs) by the interdisciplinary care team using the MDS Full Assessment by the 14th day following the determination that a significant change in status has occurred.

Criteria for determining a significant change in status is identified in the Resident Assessment Instrument (RAI) MDS 2.0 User's Manual, Canadian Version, February 2012, pages 9, 13, and 14.

A "significant change" is defined as a major change in the resident's health status that:

- Is not self-limiting
- Impacts on more than one area of the resident's health status: and
- Required interdisciplinary review and/or revision of the care plan.

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The home did not meet the criteria for determining a significant change in the status for a resident and did not use the RAI-MDS tool correctly to produce an accurate assessment of the Health Care Service Provider's (HSP) residents (RAI-MDS Data).

The resident sustained a fall with injury.

A review of the resident's MDS assessments indicated that the quarterly review assessment had been in progress and was overdue. The resident had a fall which caused an injury to the resident for which they were transferred to the hospital.

On readmission to the home, they required additional assistance to meet their activities of daily living.

A significant change was not done in accordance with the RAI-MDS assessment. The IPAC Lead and Clinical Nurse verified that the MDS assessments were overdue, and a significant change should have been opened after and should have been up to date.

The injury impacted more than one area of their health status; the resident was not reassessed utilizing the RAI-MDS tools which supports a comprehensive assessment with RAP's by the 14th day following a significant change in status.

**Sources:** Progress notes, care plan, RAI-MDS assessment , The Long-Term Care Home Service Accountability Agreement (LSAA) May 12,2022- March 31,2023 , the home's policy titled "RAI/MDS Policy"; Resident Assessment Instrument (RAI) MDS 2.0 User's Manual, Canadian Version, February 2012; interview with the DOC, IPAC Lead and Clinical Nurse.

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B.) Along with the home's requirement to conduct quarterly RAI-MDS assessments as per their LSAA, the home's policy states that all components of the RAI-MDS process were to be completed in a timely manner.

The RAI-MDS tool helps care providers develop individualized care plans based on assessments of resident's strengths, limitations, and preferences. It gathers the assessment information from each member of the care team and provides triggers to indicate when additional assessments are required for more complex clinical conditions.

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A resident's quarterly RAI-MDS assessment with an Assessment Reference Date (ARD) of November 23, 2022, was incomplete and overdue. This was confirmed by the DOC.

By not completing the RAI-MDS assessment in a timely manner, the timely and accurate assessment of resident care needs are impacted.

**Sources:** Resident's RAI-MDS assessment; interview with the DOC; and the home's policy titled "RAI/MDS Policy"; and the home's LSAA agreement.

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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 (2) (b)

The licensee has failed to comply with the Minister's Directive: COVID-19 response measures for long-term care homes when they did not follow the personal protective equipment (PPE) protocol when performing rapid tests between two visitors.

### Rationale and Summary

A screener acknowledged that they did not change their gloves and perform hand hygiene when they were observed by inspector 740860 performing rapid tests between two visitors.

Two screeners, and the IPAC Lead said that the expectation was for gloves to be removed and hand hygiene performed after every rapid test was performed.

The home's policy titled Personal Protective Equipment (PPE), stated that as a safety tip, the same pair of gloves must not be used to perform more than one activity.

By not following proper PPE use, the risk for transmission of infection was increased.

**Sources:** Observations; Interview with two screeners, and the IPAC Lead; and the home's PPE Personal Protective Equipment (PPE) policy, dated January, 2022.

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