

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

Original Public Report

Report Issue Date: July 17, 2024	
Inspection Number: 2024-1556-0002	
Inspection Type: Complaint Critical Incident	
Licensee: The Regional Municipality of Halton	
Long Term Care Home and City: Allendale, Milton	
Lead Inspector	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 20-21, 24-28 and July 2, 2024

The following intakes were inspected during this inspection:

- Intake #00108262/CI#M536-000007-24 was related to falls prevention and management
- Intake #00116257/CI#M536-000028-24 was related to prevention of abuse and neglect
- Intake #00114483/Complaint was related to prevention of abuse and neglect, resident care and support services

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 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 has failed to ensure that a resident was provided their diet as specified in the plan.

Rationale and Summary

A resident was observed during lunch consuming an item that was not compliant with their ordered diet texture.

The Registered Dietitian confirmed that the food item was not appropriate for the resident's diet order.

The staff failed to adhere to the resident's plan of care by not providing a diet texture consistent with their requirements.

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Sources: Resident's clinical records, observation, and interview with Registered Dietitian.

WRITTEN NOTIFICATION: Policy to promote zero tolerance

NC #002 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 staff complied with the homes abuse and neglect policy after becoming aware of an incident of abuse.

Rationale and Summary

A staff member was made aware of an incident but failed to recognize the incident as abuse and therefore did not report the incident or follow the steps identified in the home's abuse and neglect policy.

Failure to comply with the abuse and neglect policy could have resulted in undue harm to the residents and impacted the investigation of abuse.

Sources: Prevention, Reporting and Elimination of Abuse and Neglect Policy (Dated May, 2024), Investigation notes interview with staff; Interview with staff.

WRITTEN NOTIFICATION: Written Notification pursuant to O.

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**Reg. 246/22 s. 54 (1) in reference to O. Reg 246/22 s. 11 (1) (b)
related to falls prevention and management program.**

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

Non-compliance with: O. Reg. 246/22, s. 54 (1)

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that a resident's transfer status logo was posted above the resident's bed/care cupboard.

In accordance with O. Reg. 246/22, s. 11 (b), the licensee is required to ensure that the Fall Prevention and Management Program policy of the long-term care home is to be complied with.

Specifically, the staff did not comply with the Falls Prevention and Management Program Policy of the LTCH on ensuring that transfer logo was above a resident's bed/care cupboard according to the resident's transfer needs.

Rationale and Summary

An observation was made of a resident's room and no transfer logo/signage indicating the resident's transfer status was found.

The long-term care home's 'Falls Prevention and Management Program Policy' outlined the responsibility of the registered staff to ensure the logos are above the

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resident's bed/care cupboard in accordance with the transfer and lifting needs.

A staff member acknowledged that the resident's transfer level logo was not present in the room.

Failure to ensure that the transfer logo was present above the resident's bed/care cupboard may result in resident not receiving current level of assistance required during transfers based on their transfer level needs and current care plan.

Sources: Falls Prevention and Management Program Policy (Last Reviewed: May 2023), observation, resident clinical records, interview with staff.