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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: December 1, 2023

Inspection Number: 2023-1134-0006

Inspection Type:
Complaint
Critical Incident
Follow up
Director Order Follow Up (DOFU)

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Fosterbrooke, Newcastle

Lead Inspector	**Inspector Digital Signature**
Sheri Williams (741748)	Sheri A Williams Digitally signed by Sheri A Williams Date: 2023.12.18 11:58:48 -05'00'

Additional Inspector(s)
Reethamol Sebastian (741747)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 6- 10, and November 14- 17, 2023

The following intake(s) were inspected:

- Intake: #00084527 - 2625-000005-23: Alleged abuse incident
- Intake: #00084515 – Complaint: concerns with alleged abuse.
- Intake: #00089779 - Follow-up #: 1 - O. Reg. 246/22 - s. 40
- Intake: #00089780 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (8)
- Intake: #00090903 - 2625-000009-23: Alleged abuse incident.
- Intake: #00091470 - 2625-000010-23: Alleged abuse incident

- Intake: #00095749 - 2625-000014-23 Environmental Hazard - Loss of essential services - The home's single passenger elevator
- Intake: #00095887 – Complaint related to concerns with broken elevator
- Intake: #00097611 - DOFU #: 2 - O. Reg. 246/22, s. 23.1 (1)

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1134-0002 related to FLTCA, 2021, s. 6 (8) inspected by Sheri Williams (741748)

Order #002 from Inspection #2023-1134-0002 related to O. Reg. 246/22, s. 40 inspected by Sheri Williams (741748)

Director Order #001 related to O. Reg. 246/22, s. 23.1 (1) inspected by Reethamol Sebastian (741747)

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: POLICY TO PROMOTE ZERO TOLERANCE

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)

The licensee has failed to ensure that the home's written policy on zero tolerance for abuse was complied with for a resident.

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Director related to an alleged incident of a resident.

The home's Resident Non-Abuse Policy directs that all persons involved with Revera Homes have a duty to report any form of alleged, potential, suspected or witnessed abuse or neglect, including suspected abuse or neglect outside of the Home. Furthermore, anyone who becomes aware of or suspects abuse or neglect of a Resident must immediately report that information to the Executive Director or, if unavailable, to the most senior supervisor on shift.

The home's Investigation of Abuse or Neglect policy indicates an immediate and thorough investigation of the reported alleged, suspected or witnessed abuse or neglect will be initiated by the Home's ED/designate, If the safety and security of a Resident or others are in jeopardy, the police shall be immediately contacted by dialing "911".

A review of the resident's clinical health record indicated that Staff #114 documented a late entry that Staff#105 and Staff #106 reported they had found evidence indicating suspected abuse and that the resident reported to staff #114 that they had pain. Staff #105 and Staff #106 disposed of the evidence. Staff #114, who documented the late entry is no longer working at the home and was unavailable to interview.

The resident's progress notes indicated another late entry by Staff #113 of an alleged abuse incident.. Staff #113 who documented this late entry is no longer working at the home to confirm when the reported incident took place.

In an Interview Staff #105 and Staff #106 acknowledged that they suspected abuse and reported this immediately to Staff #113 and Staff #114.

The Director of Care (DOC) confirmed the expectation of the home is to report all allegations of abuse immediately and that the incident was not immediately reported to the Director when Staff #114 and Staff #113 reported the alleged incident to the management.

Failing to immediately report and investigate the alleged abuse of a resident put them at risk of the evidence not being preserved and the investigation being inconclusive.

Sources: CIR, home's investigation notes, home's Resident non-abuse policy, home's Investigation of Abuse or Neglect policy, clinical health records, interviews with staff #105, #106 and the DOC.

[741748]

COMPLIANCE ORDER CO #001 AIR TEMPERATURE

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 24 (1)
Air temperature
s. 24 (1) Every licensee of a long-term care home shall ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee failed to ensure the home temperature was 22 degrees Celsius.

Order to comply

1. The licensee will put in place a written process to ensure that when low temperatures are identified, immediate action is taken to adjust the air temperature of the home to ensure resident areas are kept at or above 22 degrees Celsius. The process will be made available to the inspectors immediately upon request.

2 .Management of the home will conduct a weekly audit for four weeks of the temperatures log, this audit shall include a daily temperature log of temperatures taken in the home (for at least 2 resident rooms and a common area on each unit plus the Captain's Lounge dining area), immediate actions taken to increase the temperature to the minimum of 22 degrees, who completed this action and if it was effective in increasing the temperature, and this record must be immediately available upon request by this inspection.

The licensee failed to ensure the home temperature was 22 degrees Celsius

Grounds

A review of the home's air temperature records indicated air temperature reports generated by Alert Labs. The temperature reports reviewed identified dates, times, and locations where the air temperatures were recorded, including SR1- open area/nursing station on the main floor, two residents' rooms Captain's Lounge located in the basement which is used as a dining area for residents from the second floor and the Second Floor Lounge. The record review indicated the air temperatures were not maintained at 22 degrees Celsius for 70 days.

The Environmental Service Manager (ESM) acknowledged the recorded air temperatures were below 22 degrees Celsius in two resident rooms, the 2nd floor lounge, and the captain's lounge. The ESM further indicated that the room identified in the records is a ward room and that residents in the room had extra sweaters and blankets. The ESM indicated it had been challenging to maintain the temperature at 22 degrees Celsius in another identified room as it was the resident's preference.

When temperatures in the home are not maintained at a minimum of 22 degrees Celsius, residents will be at risk of discomfort.

Sources: Home's temperature log, Observations, Interviews with ESM and DOC.

[741747]

This order must be complied with by January 17, 2024

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021,the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.
A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.
DOFU #: 2 - O. Reg. 246/22, s. 23.1 (1)

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

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

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
Toronto, ON, M5S 1S4

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

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.