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 West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: December 4, 2023
Inspection Number: 2023-1365-0009
Inspection Type: Other Complaint Critical Incident
Licensee: Regency LTC Operating Limited Partnership, by it general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.
Long Term Care Home and City: AgeCare West Williams, Kitchener

Lead Inspector	Inspector Digital Signature
JanetM Evans (659)	Janet.M. Evans Digitally signed by Janet.M. Evans Date: 2023.12.19 09:33:50 -05'00'

Additional Inspector(s) Gurvarinder Brar (000687)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 25 - 31, 2023 and November 1 - 3, and 6 -7, 2023

The following intake(s) were inspected:

- Intake: #00096445 - 2880-000037-23 – CIS related to resident fall with injury
- Intake: #00099533 - 2880-000039-23 - CIS related to neglect
- Intake: #00099512 - Complainant related to neglect
- Intake: #00096727 – District initiated intake
- Intake: #00096725 – District initiated intake

The following Inspection Protocols were used during this inspection:

Skin and Wound Prevention and Management
Continence Care
Food, Nutrition and Hydration
Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Duty to Protect

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 24 (1)

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee will comply with FLTCA s. 24 (1).

The licensee will:

1. Ensure all registered staff are re-trained on the process for receiving, reviewing and reporting lab results. The training should be documented and include the date of the training, and names of attendees. Maintain a record of the training in the home.

2. Ensure the home's policies and procedures related to nutrition and fluid intake are reviewed and revised where appropriate, to include expectations related to documentation of nutrition and fluid intake, as well as, notifications to registered staff when intake is below the daily required fluid intake or below 50% for nutritional intake.

3. Ensure all PSWs, including agency staff who work on Rosemont home area, and other staff who may be involved in recording nutrition and fluid intake receive re-training on completion of the hard copy record and transcription of the information into the electronic record. Ensure the training is documented and the documentation includes the date and names of attendees.

4. Conduct an audit of hard copy records of food and fluid intake weekly, for three residents on Rosemont home area and compare to the electronic records for the selected residents to ensure consistency. The audits should document the name of the residents' whose records were audited, any inconsistencies between the hard copy and electronic records and corrective action taken as well as record the name of the registered staff who completed the audits, the date the audits were completed. The audits should be maintained in the home and continue for one month or until such time as compliance is achieved.

5. Ensure all registered staff who work on Rosemont home area, are re-trained on specific and non-specific identification of pain as well as documentation required related to pain management. Ensure the training is documented and includes the

date training was provided, what was reviewed, name of attendee.

Grounds
The licensee failed to protect a resident from neglect.

Rationale and summary:
A complaint to the MLTC alleged neglect of a resident.

In accordance with O. Reg. 246/22 s. 7, "neglect" means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

The resident had symptoms of an infection and they had a rash. Antibiotic treatment was initiated for the infection. There was no skin assessment completed when a resident was identified with a rash. There was no referral made to the dietitian related to the altered skin integrity until 14 days after it had been identified.

On four occasions over a three week period, the resident demonstrated signs of pain. On two occasions a pain score identified the pain as two out of ten and five out of ten. No pain sites were identified, no prn medication administered and no other interventions for pain relief were documented. There was no pain assessment completed. An RN acknowledged a pain assessment had not been completed and should have been.

A quarterly review of the resident's nutritional plan of care was completed. It directed staff to provide the resident with a supplement at meals. Over a three week period, records showed the resident's intake was approximately half of what was ordered. There was no referral made to the RD in relation to the reduced intake.

At the end of the month the resident was weighed and found to have a significant weight loss.

The hard copy records of the resident's food/fluid/nutrition break intake over a three week period were incomplete with numerous blanks left on different shifts. As well, the hard copy records did not match all entries recorded in the electronic record. Numerous entries identified a higher food or fluid intake than what was recorded on the hard copies. A referral to the RD should have been made related to the resident's fluid intake on two dates, but no referral was made for those dates.

A significant change in the resident's continence status was identified. There was no urinary continence reassessment of the resident completed. The resident's health status continued to deteriorate at this time.

The resident completed their course of medication related to a second infection. Blood work was drawn for further assessment of possible infection. Four days after the labs were drawn, the results were shared with the physician to action.

There was a pattern of inaction in responding to the resident 's changing condition and care needs, including a significant delay in completing skin assessments related to their skin rash, and the lack of continence and pain assessments when indicated. In addition, there were inactions/inconsistencies identified in relation to following the home's process for recording food/fluid intake, notifying the RD when the resident refused interventions, and following up with lab work results received in a timely manner, which further jeopardized the resident's well-being.

This may have contributed to concerns identified with the residents health and wellbeing.

Sources: Observation, Complaint intake #00099512, clinical records, Hydration program, LTC-CA-WQ-300-05-07, revised Jan 2023, Continence Care and Bowel management program. LTC-CA-ON-200-02-05 revised June 2023. Pain management program LTC-CA-WQ-200-05-04 revised October 2022, Home's investigation, interviews with co-Directors of care, Dietitian, and staff
[659]

This order must be complied with by January 30, 2024

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

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.