

Order of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	002439-21
Original Inspection #:	2021_739694_0008 (A1)
Licensee:	Collingwood Nursing Home Limited
LTC Home:	Collingwood Nursing Home
Name of Administrator:	Peter Zober

Background:	
<p>Ministry of Long-Term Care (MLTC) Inspector #694 conducted an inspection at Collingwood Nursing Home (the Home). The inspection was conducted off-site on February 10, 11 and 12, 2021.</p> <p>The Inspector determined that the Licensee, Collingwood Nursing Home Limited (the Licensee), did not comply with section 174.1(1) of the <i>Long-Term Care Homes Act, 2007</i> (LTCHA). Based on the non-compliance, pursuant to s. 153(1)(a) of the LTCHA, the Inspector issued the following compliance order (CO #001):</p> <p style="padding-left: 40px;">The licensee must be compliant with s. 174 (1) 1 of the LTCHA, 2007. Specifically, the licensee must ensure that:</p> <p style="padding-left: 40px;">A) All staff, students, and volunteers are tested for covid-19 at the frequency outlined in the Minister's Directive before being allowed to work.</p> <p style="padding-left: 40px;">This order must be complied with by: February 26, 2021.</p>	

Following a review of CO #001 by the Director, CO #001 has been altered and substituted with the Director's Order below.

Order:	CO #001
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To **Collingwood Nursing Home Limited**, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to:

The Director is issuing the following compliance order (s. 153(1)(a)) after finding that the Licensee failed to comply with section 174.1(3) of the *Long-Term Care Homes Act, 2007* (LTCHA):

Binding on licensees

(3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

Order:

The licensee must be compliant with s. 174.1(3) of the LTCHA. Specifically, the licensee must ensure that:

A) All staff, student placements, and volunteers are tested for COVID-19 in accordance with the Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes before being allowed to work at the home.

Grounds:

The Licensee did not carry out every operational or policy directive that applies to the long-term care home; specifically, it failed to comply with the Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes (January 8, 2021 version).

Under s. 174.1(1) of the *Long-Term Care Homes Act, 2007*, the Minister may issue operational or policy directives respecting long-term care homes where the Minister considers it to be in the public interest to do so. The Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes effective January 08, 2021 required the Licensee to ensure the following:

1.1 Staff, Student Placements and Volunteers. Subject to the exceptions in this Directive set out in sections 1.1.2 and 4 for Antigen Tests and section 4 for PCR Tests, every licensee of a long-term care home shall ensure that staff, student placements and volunteers working in the home regularly take **Antigen Tests or PCR Tests** at the frequency prescribed in this Directive.

1.1.1 Test Frequency for Staff, Student Placements and Volunteers. Every licensee of a long-term care home shall ensure that where a staff, student placement or volunteer takes:

...

a **PCR Test**, that the test is taken in accordance with the following frequencies:

...

ii. **Orange, Red and Grey Levels.** This shall include one PCR Test every week for long-term care homes in public health unit regions in Orange-Restrict, Red-Control or Grey-Lockdown levels. The time period between testing should be as close to 7 days as can practically be achieved, unless testing is conducted more frequently.

...

6. Access Subject to Requirements. Subject to the exceptions set-out in sections 4 and 5 of this Directive, every licensee of a long-term care home shall ensure that no person described in sections 1.1, 1.1.1, 1.1.2, 2, or 3(a) of this Directive enters the home unless the requirements contained in this Directive have been met.

In addition to the Minister's Directive, Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act, 2007*, issued under the *Health Protection and Promotion Act* by the Chief Medical Officer of Health (date of issuance December 7, 2020, date of implementation December 09, 2020) also provided direction that LTC homes must comply with the Minister's Directive under the LTCHA regarding surveillance testing, as amended.

Starting December 26, 2020, Ontario was in a province wide lockdown where all of Ontario was considered in the grey lockdown Public Health Unit level. At the time of the inspection, the Home was not in outbreak and was located in a public health unit region (Simcoe Muskoka District Health Unit) which was in Stage-Grey for the purposes of the Minister's Directive.

A Surveillance Testing report for the Home was submitted to the Ministry of Long-Term Care (MLTC) on February 3, 2021. The report stated that during the period of January 24-30, 2021, RN #103, PSW #104, PSW #105, PSW #106, Care Aide #107 and Door Screener #108 were allowed to work in the Home when they had not had surveillance testing done within seven days as required by the Minister's Directive. It was discovered by the inspector that RN #103 had been included in the report in error by the Home. Additionally, the evidence related to PSW #105 was insufficient to determine testing frequency.

The information gathered during the course of this inspection showed that:

- A. PSW #104 worked two shifts without having surveillance testing within seven days.
- B. PSW #106 worked five shifts without having surveillance testing within seven days.
- C. Care Aide #107 worked four shifts without having surveillance testing within seven days.
- D. Door Screener #108 worked three shifts without having surveillance testing within seven days.

Staff worked a total of 14 shifts, on two units in the Home. Of consequence, Door Screener #108 worked three shifts as a screener at the entrance of the Home, indicating potential contact with all entrants to the Home on the identified shifts.

The Licensee not ensuring that all staff members had a weekly PCR test completed prior to them working at the Home, as per the Minister's Directive, created the risk of infectious disease exposure and transmission in the Home.

Sources: Minister's Directive (revised January 8, 2021), CMOH Directive #3, (December 9, 2020),

DOC #101 interview, staff schedules, the Home's records of staff testing.

An order was made by taking the following factors into account:

Severity of non-compliance: By not following the Minister's Directive in relation to COVID-19 testing requirements for staff, residents were at risk for exposure and transmission of the infection, which in turn, placed residents at a risk of actual harm.

Scope of non-compliance: The scope was widespread as a number of staff working multiple shifts and in different areas of the Home did not have the required surveillance testing, which put all residents at risk of actual harm through the non-compliance.

Compliance History: Forty-two written notifications (WN), twenty-six voluntary plans of correction (VPCs), and five compliance orders (CO), all of which have been complied with, were issued to the Licensee for the Home related to different sections of the LTCHA and O. Reg. 79/10 in the past 36 months.

This order must be complied with by:	April 26, 2021
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REVIEW/APEAL INFORMATION

TAKE NOTICE:


The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
347 Preston Street, 4th Floor, Suite 420
Ottawa ON K1S 3J4
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 23 rd day of April, 2021.	
Signature of Director:	
Name of Director:	Alain Plante