

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue durée****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des opérations relatives aux  
soins de longue durée  
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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 21, 2020	2020_648741_0021	022300-20	Complaint

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**Licensee/Titulaire de permis**Copper Terrace Limited  
284 Central Avenue London ON N6B 2C8**Long-Term Care Home/Foyer de soins de longue durée**Copper Terrace  
91 Tecumseh Road Chatham ON N7M 1B3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

AYESHA SARATHY (741)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): November 30, December 1, 2, and 3, 2020**

**The following complaint was inspected as a part of this inspection:**

**IL-84389-LO related to visitation procedures, positioning, sleep/rest preferences, dining and snack service and recreation and social activities.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers (PSWs), a Registered Nurse (RN), the Director of Culinary Services, the Director of Programs, the Physiotherapy Assistant, the Physiotherapist, a Public Health Inspector at Chatham Kent Public Health, the Director of Care (DOC), the Executive Director (ED) and a resident.**

**The Inspector also reviewed a resident's clinical record, observed a resident and reviewed relevant policies and procedures during this inspection.**

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

**Dignity, Choice and Privacy  
Personal Support Services**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

**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. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care set out in a resident's plan of care was provided as specified in their plan, in relation to their sleep and rest preferences.

A resident's plan of care clearly indicated what their sleep and rest preferences were.

On two separate occasions, the Inspector observed staff providing the resident with care that was not consistent with what was included in their plan of care related to their sleep and rest preference.

Three Personal Support Workers (PSWs) said that the resident's sleep and rest routine was different from what their plan of care indicated. One PSW said that it was easier to provide care that was not in accordance with the resident's preference for sleep and rest as it required less assistance by staff. They also said that there were potential safety concerns with providing care according to the current plan. A Physiotherapist said that there were no safety concerns with the resident's current sleep and rest routine as specified in their plan of care, based on their assessment of the resident. The Director of Care (DOC) said that staff should have followed the resident's plan of care.

Sources: the complaint report, the resident's plan of care, including progress notes, care plan, Kardex, observations of resident, and interviews with three PSWs, a Physiotherapist and the DOC. [s. 6. (7)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 30. General requirements**

**Specifically failed to comply with the following:**

**s. 30. (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 8 to 16 of the Act and each of the interdisciplinary programs required under section 48 of this Regulation:**

- 1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required. O. Reg. 79/10, s. 30 (1).**
- 2. Where, under the program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition. O. Reg. 79/10, s. 30 (1).**
- 3. The program must be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 30 (1).**
- 4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 30 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that, under the required Restorative Care Program, staff used appropriate positioning aids to position a resident in their mobility device.

A complaint was received by the Ministry of Long-Term Care (MLTC) regarding concerns that staff were using inappropriate positioning aids for a resident when they were using their mobility device. The complainant said that they spoke to the Director of Care (DOC) and requested that staff not use that particular positioning aid to position the resident when they used their mobility device.

A physiotherapist assessment and the resident's plan of care did not include any direction for staff to use positioning aids for the resident.

Two Personal Support Workers (PSWs) and a Registered Nurse (RN) said that they used a particular positioning aid to position the resident but that it was not always effective. A Physiotherapist said that the particular positioning aid that staff were using to position the resident in their mobility device was inappropriate and would have needed to be approved by them and included in the plan of care before staff were able to implement it. The DOC said that that particular positioning aid was inappropriate and should not have been used to position the resident.

Sources: the complaint report, the resident's plan of care, including progress notes, care plan, Kardex, a Physiotherapy Quarterly Re-Assessment, and interviews with three PSWs, an RN and the DOC. [s. 30. (1) 2.]

### ***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that where, under the organized Restorative Care Program, staff use any equipment, supplies, devices, assistive aids or positioning aids with respect to a resident, the equipment, supplies, devices or aids are appropriate for the resident based on the resident's condition, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that a resident's right to receive visitors of their choice was fully respected and promoted.

The Chief Medical Officer of Health issued "Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007" pursuant to section 77.7 of the Health Protection and Promotion Act (Directive #3). Directive #3 issued on September 9, 2020 was in effect at the time of the complaint involving the resident and is the specific version of the Directive when mentioned in this finding.

Directive #3 required homes to have a visitor policy in place that was compliant with Directive #3 and was guided by applicable policies from the Ministry of Long-Term Care (Ministry). Directive #3 set out minimum requirements for home's visitor policies, such as including criteria for defining the number and types of visitors allowed per resident when the home was not in an outbreak, in accordance with Ministry policies. Directive #3 stated that the aim of managing visitors was to balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents for their quality of life.

On September 2, 2020, the Ministry released the "Resuming Visits in Long-Term Care Homes" policy (effective September 9, 2020) to support homes in implementing the visitor-related requirements in Directive #3. The Policy indicated that a home's visitor policies should specify that caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). The Ministry's Policy noted that:

- Caregivers must be at least 18 years of age.

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- A maximum of two caregivers may be designated per resident at a time. The designation should be made in writing to the home. Homes should have a procedure for documenting caregiver designations. The decision to designate an individual as a caregiver is entirely the remit of the resident and/or their substitute decision-maker and not the home.
- Examples of caregivers include family members who provide meaningful connection, a privately hired caregiver, paid companions and translators.

A complaint was received by the Ministry with concerns that the home denied a family from designating a caregiver the opportunity to visit the resident and provide care to them. The resident's Power of Attorney (POA) said that they spoke to the Director of Care (DOC) on multiple occasions and requested a caregiver be designated for the resident, however, the requests were denied as the caregiver was deemed non-essential by the home.

In addition, a progress note documented by the Executive Director (ED) stated that they informed the individual who requested to become the resident's caregiver that they would not be allowed to visit the resident and provide care to them because they also had a family member living in the home as a resident. The DOC said that anyone could become a caregiver for a resident and that the home received the requests verbally over the phone. They said that the family's request for the caregiver for the resident was denied due to concerns from staff that the home would not be able to monitor whether the caregiver also visited their family member while in the home visiting the resident. They said that the requested caregiver had not been designated a caregiver for their family member in the home and had not been visiting them. The DOC said that the resident's POA contacted the manager of the home, APANS Health Services, and lodged a complaint. Following this, the home approved the POA's request to designate the caregiver for the resident.

The home did not have an outbreak during the months of September and October, 2020, when the complainant requested to designate the caregiver for the resident.

Directive #3 and the Ministry's Policy did not provide restrictions to deny a person from becoming a caregiver for a resident if they had an association with another resident residing in the home. The Ministry's policy clearly noted that the decision to designate an individual as a caregiver was entirely the remit of the resident and/or their substitute decision-maker and not the home. As such, in accordance with Directive #3, the Ministry's Policy and the Resident's Bill of Rights under s. 3(1)14 the LTCHA, the



resident's POA should have been permitted to designate the caregiver for the resident. The home did not provide an appropriate or justifiable basis to deny having the caregiver designated for the resident and visit them.

The licensee did not ensure that the resident's right to receive an essential caregiver of their choice was fully respected and promoted.

Sources: Directive #3 (dated June 10, 2020 and September 9, 2020); Ontario Regulation 146/20 under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, July 24, 2020; LTCH's Social and Essential Visitors Policy, Reference No. 011001.00; MLTC Resuming Visits in Long-Term Care Homes released September 2, 2020, in effect September 9, 2020; the complaint report; the resident's progress notes; interviews with DOC, ED and a Public Health Inspector at Chatham Kent Public Health. [s. 3. (1) 14.]

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**Issued on this 24th day of December, 2020**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**