

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
Inspection de soins de longue durée

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 2, 2021	2021_648741_0004	002874-21	Other

Licensee/Titulaire de permis

Craigwiel Gardens
221 Main Street R. R. #1 Ailsa Craig ON N0M 1A0

Long-Term Care Home/Foyer de soins de longue durée

Craigholme
221 Main Street, R.R. #1 Ailsa Craig ON N0M 1A0

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 an Other inspection.

This inspection was conducted on the following date(s): February 17, 18, 22, 23, and 24, 2021.

The purpose of this inspection was to conduct a focused inspection related to surveillance testing of staff for COVID-19. The Log number associated with this inspection was 002874-21.

During the course of the inspection, the inspector(s) spoke with the Acting Director of Care (Acting DOC) and the Chief Executive Officer (CEO).

As a part of the inspection, the Inspector also reviewed relevant policies and procedures and documentation related to surveillance testing of staff in the home.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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

1 WN(s)

0 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (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. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

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soins de longue durée**

The licensee has failed to carry out the "Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes", related to COVID-19 testing requirements for staff.

The "Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes", versions effective November 23, 2020 and January 8, 2021, stated that every licensee was required to ensure that staff working in the home regularly took a COVID-19 test. The Directive further stated that the test was required to be taken every week for long-term care homes in public health unit regions in Orange-Restrict, Red-Control or Grey-Lockdown levels.

The review of the home's documentation of surveillance testing of staff was conducted for the period of January 1, 2021 to February 12, 2021, during which the home was in the Grey-Lockdown level. The home's documentation indicated that more than half of the staff had not received a COVID-19 test at the home or at an assessment center for one or more weeks during the period of January 1, 2021 to February 12, 2021.

The Chief Executive Officer (CEO) and the Acting Director of Care (Acting DOC) said that Polymerase Chain Reaction (PCR) testing for COVID-19 for staff was done two days a week at the home and that staff who were not working on the day of swabbing were not tested that week. They said that the home relied on staff to inform them if they had missed a test. Staff who did not receive a PCR test for COVID-19 at the home or an assessment center every seven days were authorized to continue working and provide care to residents at the home. The Acting DOC said that they misunderstood the wording in the Minister's Directive and were under the impression that surveillance testing of staff as prescribed in the Minister's Directive was not mandatory.

There was an increased risk of transmission of COVID-19 in the home as a result of the home's failure to ensure weekly testing for staff.

Sources: Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes, effective November 23, 2020; Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes, effective January 8, 2021; interview with the CEO and Acting DOC.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

Issued on this 3rd day of March, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

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Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : AYESHA SARATHY (741)

Inspection No. /

No de l'inspection : 2021_648741_0004

Log No. /

No de registre : 002874-21

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Mar 2, 2021

Licensee /

Titulaire de permis : Craigwiel Gardens
221 Main Street, R. R. #1, Ailsa Craig, ON, N0M-1A0

LTC Home /

Foyer de SLD : Craigholme
221 Main Street, R.R. #1, Ailsa Craig, ON, N0M-1A0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Ernie Harris

To Craigwiel Gardens, you are hereby required to comply with the following order(s)
by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Order / Ordre :

The licensee shall comply with LTCHA, 2007, section 174.1 (3).

Specifically, the licensee must:

A) Ensure that staff working in the home regularly take Polymerase Chain Reaction (PCR) tests in accordance with and at the frequency prescribed in the "Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes".

B) Keep a record of documentation, that includes the number of staff tested; the type of test administered; the number of staff who refused a test; and the dates on which staff testing was conducted.

Grounds / Motifs :

1. The licensee has failed to carry out the "Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes", related to COVID-19 testing requirements for staff.

The "Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes", versions effective November 23, 2020 and January 8, 2021, stated that every licensee was required to ensure that staff working in the home regularly took a COVID-19 test. The Directive further stated that the test was required to be taken every week for long-term care homes in public health unit regions in Orange-Restrict, Red-Control or Grey-Lockdown levels.

The review of the home's documentation of surveillance testing of staff was conducted for the period of January 1, 2021 to February 12, 2021, during which the home was in the Grey-Lockdown level. The home's documentation indicated

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that more than half of the staff had not received a COVID-19 test at the home or at an assessment center for one or more weeks during the period of January 1, 2021 to February 12, 2021.

The Chief Executive Officer (CEO) and the Acting Director of Care (Acting DOC) said that Polymerase Chain Reaction (PCR) testing for COVID-19 for staff was done two days a week at the home and that staff who were not working on the day of swabbing were not tested that week. They said that the home relied on staff to inform them if they had missed a test. Staff who did not receive a PCR test for COVID-19 at the home or an assessment center every seven days were authorized to continue working and provide care to residents at the home. The Acting DOC said that they misunderstood the wording in the Minister's Directive and were under the impression that surveillance testing of staff as prescribed in the Minister's Directive was not mandatory.

There was an increased risk of transmission of COVID-19 in the home as a result of the home's failure to ensure weekly testing for staff.

Sources: Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes, effective November 23, 2020; Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing And Access to Homes, effective January 8, 2021; interview with the CEO and Acting DOC.

An order was made taking the following into account;

Severity: The home's failure to ensure weekly PCR testing for staff resulted in an actual risk of transmission of COVID-19 in the home.

Scope: This issue was a pattern as 62% of staff did not receive a test for COVID-19 weekly.

Compliance History: 34 Written Notifications, nine Voluntary Plans of Correction and 18 Compliance Orders of which all have been complied, were issued to the home related to different sub-sections of the legislation in the last 36 months.
(741)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Mar 08, 2021

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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

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2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
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2007, c. 8

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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 2nd day of March, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Ayesha Sarathy

Service Area Office /

Bureau régional de services : London Service Area Office