Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Feb 17, 2022	2022_790730_0003	014753-21, 017171-21, 000821-22, 001629-22	Critical Incident System

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

CHRISTINA LEGOUFFE (730), STEPHANIE MORRISON (721442)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 31, February 1, 2, 4, 7, 8, 9, 10, 2022 (Onsite) and February 3, 2022 (Offsite).

The following Critical Incident Systems (CIS) intakes were completed within this inspection:
-Log #017171-21/ CI: 2622-000023-21 related to an allegation of staff to resident abuse
-Log #000821-22/ CI: 2622-000001-22 related to falls prevention
-Log #001629-22/ CI: 2622-000003-22 related to a potential adverse drug reaction

A Follow-Up inspection was also completed for Compliance Order #001 from Inspection 2021_778563_0018, pertaining to LTCHA s. 6 (7) with a compliance due date of November 5, 2021.

An Infection Prevention and Control (IPAC) inspection was also completed within this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), a Housekeeper, Screeners, a Scheduler, a Public Health Unit Nurse, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The inspector(s) also observed residents and the care provided to them, reviewed relevant policies and procedures of the home, and observed IPAC procedures in the home.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation

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

- **3 WN(s)**
- **1 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_778563_0018	730

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe environment by not having followed infection prevention and control measures as specified in "The COVID-19 Directive #3 for Long-Term Care Homes" and relevant guidance documents. Specifically, the home failed to implement active screening of all people, including staff, entering the

home.

The Directive was revised, as necessary, and the initial effective date of the active staff screening was to be implemented immediately as of March 30, 2020. Directive #3, with an effective date of December 17, 2021, was in effect at the time of the inspection.

A) Directive #3 stated “Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. Homes must follow the Ministry of Health’s ‘COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes,’ effective December 7, 2021, or as current, for minimum requirements and exemptions regarding active screening. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.” The current version of the “COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes,” at the time of the inspection was Version 8, dated January 11, 2022.

On January 31 and February 1, 2, 7, 9, 10, 2022, an Inspector was not actively screened upon entry to the home, and was asked to complete a form on entry that asked if they had “any symptoms” and their temperature was taken. The symptoms of COVID-19 were not listed as specified in Directive #3. The front desk staff who were assigned as screeners, when a designated screener was not present, did not ask the screening questions posted, did not verify that the Inspector read the screening questions posted, and did not ensure the screening questions were answered “no” for entrance into the home. On February 4 and 8, 2022, an Inspector was not screened at all when they entered the home, as neither the screener nor front desk staff were present in the home at the time of entry.

On January 31, 2022, it was observed that the staff screening area had a binder for staff to document their temperature and their written declaration of not having any symptoms of COVID-19. The screening tool posted in the staff screening area was not the most recent version. An Inspector observed staff entering the home on February 8 and 9, 2022, and self screening. There was no screener present and staff were not actively screened.

Two staff members and said, during separate interviews, that there was no screener for staff and that they attested on paper to whether or not they had symptoms.

The Director of Care (DOC) said that visitors were screened by the designated screener,

but if the screener was not present that front desk staff were to screen visitors. The DOC also said that staff were not actively screened upon entry to the home and that they are expected to attest on paper to having no symptoms of COVID-19. These written records of passive screening were not reviewed until the end of each day. The DOC acknowledged that the screening tool posted in the staff screening area was not the most recent version of the document.

A Public Health Nurse said that all staff and visitors should be actively screened upon entry to the home and that the screening currently occurring at Craigholme for staff would be considered passive screening.The Public Health Nurse also stated that the home should be using the most updated screening tool.

B) On February 8 and 9, 2022, two Inspectors observed staff arrive for their shifts and not immediately don masks. Staff members were observed walking down the hall in a non-resident area of the home to “clock in,” or enter a staff room without donning masks.

Directive #3 stated that “homes must ensure that all staff and essential visitors wear a well-fitted medical mask for the entire duration of their shift/visit, both indoors and outdoors, regardless of their COVID-19 vaccination status.”

The DOC said that the expectation was that staff would don a mask immediately upon entering the home.

Sources: Observations, interviews with the DOC, a Public Health Nurse and other staff, "The COVID-19 Directive #3 for Long-Term Care Homes (Revised December 17, 2021)," and the "COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (Version 8, January 11, 2022)." [s. 5.]

Additional Required Actions:

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

WN #2: 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 :

1. The licensee has failed to ensure that the “Minister’s Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes,” related to COVID- 19 testing requirements for staff was complied with.

The “Minister’s Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes,” (effective December 17, 2021) stated that fully vaccinated staff, caregivers, student placements and volunteers were to take an antigen test at a frequency of two times per week, at a minimum, on separate days. A guidance document titled “Directive #3, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs” (dated December 16, 2021) stated that unsupervised self-swabbing was not permitted.

The DOC said that staff in the home had the option of self-swabbing, and that those who chose to self-swab were not supervised and completed the swabbing at a station near the staff entrance of the home. The self-swabbing station was observed, and written directions posted at the station advised staff to throw out the test cassette when finished.

A Personal Support Worker (PSW) said that when they completed self swabbing, the staff member would review their own test result and then document the result on paper and discard the test. The PSW said that no one else reviewed their test cassette.

A Public Health Nurse said that any self-swabbing must be supervised.

There was a risk to residents in the home that antigen tests were not performed or interpreted correctly when self-swabbing was not supervised.

Sources: “Minister’s Directive” COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes,” (Revised December 17, 2021), “Directive #3, COVID-19 Guidance Document for LTCHs, and Rapid Testing Merged FAQs,” (dated December 16, 2021), observations, and interviews with the DOC, a Public Health Nurse, and other staff. [s. 174.1 (3)]

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 the "Minister's Directive COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes" is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that an allegation of physical abuse of a resident by a staff member was immediately reported to the Director.

A resident reported to a staff member an allegation of physical abuse by another staff member. The alleged abuse was not immediately reported to the Director as the staff member did not report the allegation to the management of the home immediately. The allegation was reported to the Director on the following day.

The DOC said that the allegation of abuse was not immediately reported to the Director, but should have been.

Sources: CIS #2622-000023-21, the home's investigation notes, a resident's clinical record, and interviews with the DOC and other staff. [s. 24. (1)]

Issued on this 17th day of February, 2022

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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 foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	CHRISTINA LEGOUFFE (730), STEPHANIE MORRISON (721442)
Inspection No. / No de l'inspection :	2022_790730_0003
Log No. / No de registre :	014753-21, 017171-21, 000821-22, 001629-22
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Feb 17, 2022
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:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must comply with s. 5 of the LTCHA, 2007.

Specifically, the licensee must:

1. Review and implement active screening protocols for staff and other persons as per Directive #3 prior to entry to the home.

2. Ensure designated personnel completes the active screening for every staff member or visitor prior to entry to the home.

3. Ensure all staff and visitors are screened using the most recent version of "COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes."

4. Ensure all staff don a medical mask as soon as they enter the home.

Grounds / Motifs :

1. The licensee has failed to ensure that the home was a safe environment by not having followed infection prevention and control measures as specified in "The COVID-19 Directive #3 for Long-Term Care Homes" and relevant guidance documents. Specifically, the home failed to implement active screening of all people, including staff, entering the home.

The Directive was revised, as necessary, and the initial effective date of the active staff screening was to be implemented immediately as of March 30, 2020. Directive #3, with an effective date of December 17, 2021, was in effect at the time of the inspection.

A) Directive #3 stated "Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. Homes must follow the Ministry of Health's 'COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes,' effective December 7, 2021, or as current, for minimum requirements and exemptions regarding active screening. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit." The current version of the "COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes," at the time of the inspection was Version 8, dated January 11, 2022.

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Two staff members and said, during separate interviews, that there was no screener for staff and that they attested on paper to whether or not they had symptoms.

The Director of Care (DOC) said that visitors were screened by the designated screener, but if the screener was not present that front desk staff were to screen visitors. The DOC also said that staff were not actively screened upon entry to

the home and that they are expected to attest on paper to having no symptoms of COVID-19. These written records of passive screening were not reviewed until the end of each day. The DOC acknowledged that the screening tool posted in the staff screening area was not the most recent version of the document.

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Sources: Observations, interviews with the DOC, a Public Health Nurse and other staff, "The COVID-19 Directive #3 for Long-Term Care Homes (Revised December 17, 2021)," and the "COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (Version 8, January 11, 2022)."

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

Severity: There was a risk to the residents by not actively screening staff for COVID-19 symptoms before entering the home.

Scope: Widespread as all staff had not been actively screened.

Compliance History: There was no previous non-compliance to this sub-section. (730)

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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 foyers de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by / Vous devez vous conformer à cet ordre d’ici le : Mar 01, 2022

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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:

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

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
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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 revision 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
438, rue University, 8e étage
Toronto ON M7A 1N3
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 17th day of February, 2022

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Christina Legouffe

Service Area Office /
Bureau régional de services : London Service Area Office