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

London District
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Public Report

Report Issue Date: March 21, 2025

Inspection Number: 2025-1539-0003

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the City of London

Long Term Care Home and City: Dearness Home for Senior Citizens, London

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 10, 11, 12, 13, 14, 17, 19, 2025.
The inspection occurred offsite on the following date(s): March 18, 2025.
The following intake(s) were inspected:

- Intake: #00139688/Critical Incident Systems (CIS) report #M514-000003-25 related to staff to resident abuse;
- Intake: #00140350/CIS #M514-000006-25 related to a disease outbreak;
- Intake: #00140518/CIS #M514-000007-25 related to a disease outbreak;
- Intake: #00140519/#M514-000008-25 related to a disease outbreak;
- Intake: #00141099/Complaint related to staff to resident abuse.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to comply with any standard or protocol issued by the Director with respect to infection prevention and control.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes 6.1 dated April 2022, states the licensee shall make PPE available and accessible to staff and residents, appropriate to their role and level of risk.

Specifically, Personal Protective Equipment (PPE) was not accessible for staff if they needed to provided care to a resident who was on additional precautions.

A Personal Support Worker (PSW) ensured an isolation caddy stocked with PPE was put outside the resident's doorway.

Sources: IPAC observations in the home, review of resident's clinical records, the home's "Contact Precautions" policy #IC-03-01-11 updated November 20, 2023; and

interviews with a PSW and IPAC Manager #106.

Date Remedy Implemented: March 10, 2025

WRITTEN NOTIFICATION: Residents' Rights

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 1.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's inherent dignity, worth and individuality, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

A) The licensee has failed to ensure a resident was treated with courtesy and respect by a staff member during an interaction, when the resident felt their inherent dignity, worth and individuality were not supported.

Sources: The home's investigation notes, e-mail correspondence; and interviews with resident and staff.

B) The licensee has failed to ensure a resident was treated with courtesy and respect by a staff member.

The resident stated on several occasions that they felt harassed and bullied by the staff member. The resident stated they did not know why the staff member could not speak with them nicely.

Sources: Review of a complaint, a Critical Incident Systems (CIS) report, the home's investigation notes; and interviews with the resident, the complainant, the Administrator and other staff.

C) The licensee has failed to ensure that a resident was treated with courtesy and respect.

The resident stated they were surprised by how the staff member spoke to them.

Sources: Review of a complaint, a CIS report, the home's investigation notes; and interviews with the resident, the complainant, the Administrator and other staff.

WRITTEN NOTIFICATION: Right to Freedom From Abuse and Neglect

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 4.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
4. Every resident has the right to freedom from abuse.

The licensee has failed to ensure that a resident's right to freedom from abuse was upheld by staff of the home when the resident displayed responsive behaviours.

Sources: The home's internal investigation notes and a Critical Incident System Report, interview with staff and the resident's clinical records.

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.
Reporting certain matters to Director
s. 28 (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:
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.

The licensee has failed to ensure that a staff member who had reasonable grounds to suspect that another staff member abused two residents, failed to immediately report it to the Director.

A) A staff member submitted a complaint to the Administrator with allegations that they had witnessed a staff member be abusive towards a resident. The staff member reported the allegations approximately two months after the alleged incident occurred.

B) A staff member submitted a complaint to the Administrator with allegations that they had witnessed the same staff member be abusive towards a resident. The staff member reported the allegations approximately four months after the alleged incident occurred.

Sources: Review of Critical Incident Systems reports, the home's "Abuse Staff To Resident" policy ADMI-02-02-04 updated November 25, 2024; and interviews with residents, the complainant, the Administrator and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to comply with any standard or protocol issued by the Director with respect to infection prevention and control.

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes 9.1 (f) dated April 2022, states, the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection application, removal and disposal.

Specifically, a Personal Support Worker (PSW) disposed of a brief and dirty linen from a resident who was on additional precautions, then proceeded to open a drawer of the isolation caddy prior to removing their dirty gloves.

Sources: IPAC observations of the home; review of resident #003's clinical record, the home's "Routine & Standard Precautions" policy IC-02-01-01 updated August 12, 2024; and interviews with a PSW and IPAC Manager #106.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure when two residents developed an infection, that symptoms of infection were recorded on every shift.

A) A resident was put into isolation and several infection follow up notes were missing. The resident then developed an infection and treatment was initiated. There were several infection follow up notes missing during the time the resident had an infection.

B) A resident developed an infection and treatment was initiated. There were several infection follow up notes missing during the time the resident had an infection. The resident was put into isolation on a different date, and an infection follow-up note was missing on one shift.

Sources: Review of residents' clinical records, the home's "Infection Surveillance and Control" policy IC-03-01-01 updated January 29, 2025; and an interview with Infection Prevention and Control Manager #106.

WRITTEN NOTIFICATION: Medical Directives and Orders — Drugs

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 126 (b)
Medical directives and orders — drugs
s. 126. Every licensee of a long-term care home shall ensure that,
(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

The licensee has failed to ensure that physician's orders for the administration of drugs for two residents were individualized to the residents' condition and needs.

Two residents were started on a specific drug, but the physician's order did not indicate the reason the resident was receiving the drug.

Sources: Review of resident's clinical records; and interview with Infection Prevention and Control Manager #106.