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

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Original Public Report

Report Issue Date: January 12, 2024
Inspection Number: 2023-1231-0004
Inspection Type: Proactive Compliance Inspection
Licensee: Schlegel Villages Inc.
Long Term Care Home and City: Erin Mills Lodge Nursing Home, Mississauga

Lead Inspector	**Inspector Digital Signature**
Daria Trzos (561)	Daria Trzos Digitally signed by Daria Trzos Date: 2024.02.02 09:59:08 -05'00'

Additional Inspector(s)
Parminder Ghuman (706988)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 14, 15, 18, 19, 20, 21, 22, 27, 28, 29, 2023.

The following intake(s) were inspected:

- Intake: #00103634 - Proactive Compliance Inspection

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

Food, Nutrition and Hydration
Medication Management
Safe and Secure Home
Quality Improvement

Pain Management
Falls Prevention and Management
Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Specific duties re cleanliness

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
Specific duties re cleanliness and repair
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that the home, specifically the dining room and furnishings were kept clean and sanitary.

Rationale and Summary
Observation of the dining room on the third floor identified that parts of the dining room and servery area were not kept clean. The following was observed:

- baseboards in the dining room were not clean.
- a heavy debris was observed in the flooring of the servery area, especially close to the edge of the baseboards and cabinets.
- dust was observed on the floor in the space between the fridge and the cabinet and between the dishwasher and the cabinet.
- the window ledges and windows were not clean.
- table legs were not clean.

The home had schedules in place for regular cleaning and deep cleaning of these areas. The Environmental Services Manager (ESM) and the General Manager (GM) acknowledged that the dining room and the floor in the servery area were not kept clean and sanitary.

Sources: Observations of the dining room; review of the home's policies and procedures related to housekeeping services; interview with Food Services Manager (FSM), ESM and the GM.
[561]

WRITTEN NOTIFICATION: Duty to respond

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 63 (3)
Powers of Residents' Council
Duty to respond
s. 63 (3) If the Residents' Council has advised the licensee of concerns or

recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that they responded in writing within 10 days to the concerns raised by the Residents' Council.

Rationale and Summary
There was a concern raised at the Residents' Council meeting in the June and September 2023 meetings and there was no written response to the concern. The assistant to the Resident Council indicated that they had not responded to the concerns raised by the Residents' Council within 10 days. Their practice was to address the concerns at the following meeting.

Sources: Review of the Residents' Council meeting minutes; interview with the member of the Residents' Council and the assistant to the Residents' Council.
[561]

WRITTEN NOTIFICATION: Retraining

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (4)
Training
Retraining

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations to promote zero tolerance of abuse and neglect of residents in 2022.

Rationale and Summary
The home's training records for 2022, identified that not all staff completed the mandatory training as required related to Zero Tolerance of Abuse and Neglect in 2022.

There was a risk that not all direct care staff were familiar with the home's policy for zero tolerance of abuse and neglect of residents when they failed to complete the annual training as required.

Sources: Review of mandatory completion reports and interview with the Director of Nursing Care (DONC).
[706988]

WRITTEN NOTIFICATION: Windows

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents could not be opened more than 15 centimeters (cm).

Rational and Summary
During the initial tour of the home with the ESM it was noted that three windows in shared dining room of Sheridan Way and Erindale Way did not had a restrictor in place. At the time of the observation, the screen was present in the window. Noted the windows in the dining room were sliding windows, opened at the side in the dining room and there was no restrictor screw attached at the bottom in the sliding rail and as a result, window opened fully. ESM measured window and it opened to 15 inches or 38.1 centimeters (cm).

Not having a restrictor in the window posed a safety risk for the residents.

Sources: Observations and interview with ESM and DONC.
[706988]

WRITTEN NOTIFICATION: Food Production

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 78 (7) (c)
Food production
s. 78 (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(c) a cleaning schedule for the food production, servery and dishwashing areas. O. Reg. 246/22, s. 78 (7).

The licensee has failed to ensure that the staff of the home complied with a cleaning schedule for the servery area.

Rationale and Summary
The home had a daily cleaning schedule in place to ensure that the servery area was kept clean. The expectation was that the Food Service Aides (FSAs) clean the servery after each meal. Observation of the servery area on the third floor identified the following:

- the hot table was not clean and had sticky food particles present.
- a shelf in the hot table containing dietary equipment was not clean.
- a dusty garbage bag was laid out on the bottom shelf of the hot table.
- cabinets had stains and dried debris present.

The FSM indicated that it was the responsibility of the dietary department to ensure that the servery area was cleaned after each meal. The GM acknowledged that the servery area was not kept clean.

Failing to keep the servery area clean may have increased the risk of food contamination.

Sources: Observations of the servery area; review of the cleaning schedule and policy titled "Cleaning and Sanitizing"; interview with FSM and the GM.
[561]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 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 ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary
The IPAC Standard for Long-Term Care Homes, indicated under section 6.7 Additional requirement under the standard to be followed in the IPAC program which included masking.
A staff member was observed without a mask interacting with residents. The DONC acknowledged that all staff are required to be wearing masks at all times.

Failure to adhere to masking posed a risk of spreading an infection.

Sources: Observation and interview with DONC.
[706988]

WRITTEN NOTIFICATION: Medication Management System

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 123 (2)
Medication management system
s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the medication management system to ensure accurate dispensing and administration of a narcotic to a resident.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a medication management system for accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home and it must be complied with.

Specifically, staff did not comply with the MediSystem policy "Narcotic and Controlled Substance Administration", dated August 2023, which was part of the medication management system.

Rationale and Summary
The MediSystem policy effective August 2023, indicated under the Tracking/Count Sheets section that all entries must be made at the time the drug is removed from the container.

During observation of the medication pass, a narcotic was removed from the narcotic bin and administered to a resident. After it was administered the registered

staff did not account for the narcotic removed and did not sign the narcotic count sheet after it was removed. They stated that they will do it after the entire medication pass. The DONC indicated that the narcotic should have been counted and signed for right after it was administered to the resident.

Failing to follow the policy related to accounting for the narcotic after it was administered to the resident increased the risk for discrepancies.

Sources: Observation of medication pass; review of the MediSystem policy "Narcotic and Controlled Substance Administration" (August 2023); interview with registered staff and the DONC.
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WRITTEN NOTIFICATION: Safe storage of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (b)
Safe storage of drugs
s. 138 (1) Every licensee of a long-term care home shall ensure that,
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

The licensee has failed to ensure that the controlled substances were stored in a separate, double-locked stationary cupboard in the locked area.

Rationale and Summary
Inspector #561 observed the location of the narcotic bin that contained the narcotics awaiting destruction. The wooden box was not stationary inside an office. The key was kept inside an unlocked drawer of a desk inside this office which throughout the inspection was not always being locked.

The DONC and the GM of the home acknowledged that the box was not stationary, and the key was accessible.

Failing to store narcotics awaiting destruction in a double locked stationary cupboard in the locked area increased the risk for unsafe storage of drugs.

Sources: Observations; review of the MediSystem policy (effective August 2023); interview with the DONC and the GM.
[561]

WRITTEN NOTIFICATION: Additional training - direct care staff

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
1. Falls prevention and management.

The licensee has failed to ensure that all staff who provided direct care to residents received training on Falls Prevention and Management in 2022.

Rationale and Summary
The home's training records for 2022 identified that not all direct care staff completed the mandatory training as required related to Falls Prevention and Management. There was a risk that not all direct care staff were familiar with the home's Falls Prevention and Management program when they failed to complete the annual training as required.

Sources: Review of mandatory completion reports and interview with the DONC. [706988]

WRITTEN NOTIFICATION: Additional training - direct care staff

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
2. Skin and wound care.

The licensee has failed to ensure that all staff who provided direct care to residents received training on skin and wound care in 2022.

Rationale and Summary
The home's training records for 2022 identified that not all direct care staff completed the mandatory training as required related to skin and wound care.

There was a risk that not all direct care staff were familiar with the home's skin and wound care program when they failed to complete the annual training as required.

Sources: Review of mandatory completion reports and interview with the DONC. [706988]

WRITTEN NOTIFICATION: Additional training - direct care staff

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 261 (1) 4.
Additional training — direct care staff
s. 261 (1) For the purposes of paragraph 6 of subsection 82 (7) of the Act, the following are other areas in which training shall be provided to all staff who provide direct care to residents:
4. Pain management, including pain recognition of specific and non-specific signs of pain.

The licensee has failed to ensure that all staff who provided direct care to residents received training on pain management in 2022.

Rationale and Summary
The home's training records for 2022 identified that not all direct care staff completed the mandatory training as required related to pain management, including pain recognition of specific and non-specific signs of pain.
There was a risk that not all direct care staff were familiar with the home's pain management program when they failed to complete the annual training as required.

Sources: Review of mandatory completion reports and interview with the DONC. [706988]