

**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**

Sudbury Service Area Office  
159 Cedar Street Suite 403  
SUDBURY ON P3E 6A5  
Telephone: (705) 564-3130  
Facsimile: (705) 564-3133

Bureau régional de services de  
Sudbury  
159, rue Cedar Bureau 403  
SUDBURY ON P3E 6A5  
Téléphone: (705) 564-3130  
Télécopieur: (705) 564-3133

**Public Copy/Copie du rapport public**

<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>
Oct 29, 2020	2020_668543_0018	015629-20, 015775- 20, 017761-20, 017993-20	Complaint

**Licensee/Titulaire de permis**

F. J. Davey Home  
733 Third Line East Sault Ste Marie ON P6A 7C1

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

F.J. Davey Home  
733 Third Line East SAULT STE. MARIE ON P6A 7C1

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

TIFFANY BOUCHER (543), JENNIFER LAURICELLA (542), KEARA CRONIN (759),  
STEPHANIE DONI (681)

**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): October 19-23, 2020.**

**The following intakes that were submitted to the Director were inspected during this inspection:**

**-three intakes, related to staffing concerns; and**

**-one intake, related to a fall.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Executive Director of Care, Director of Care, Infection Prevention and Control (IPAC) Lead, RAI Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Physiotherapist, Physiotherapist Assistant (PTA), Dietary Manager, Dietary Aide, Environmental Services Manager, Public Health Inspector (Algoma Public Health), Housekeeping Staff, family members and residents.**

**The Inspector conducted daily observations of the provision of care provided to the residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.**

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

**Accommodation Services - Housekeeping**

**Dining Observation**

**Infection Prevention and Control**

**Nutrition and Hydration**

**Personal Support Services**

**Sufficient Staffing**

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

**2 WN(s)**

**0 VPC(s)**

**1 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. 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 appropriate isolation precautions were initiated and implemented for six residents, as per the direction outlined by the Chief Medical Officer of Health in Directive #3 for Long-Term Care Homes.

Directive #3, which was last updated on September 9, 2020, indicates that all new admissions to the home must complete 14-days of self-isolation, under Droplet and Contact Precautions. Six residents were all new admissions to the home.

a) The Inspector observed that two residents had signage outside of their rooms indicating that these residents were on Droplet and Contact isolation. The Inspector observed two PSWs in a resident's room assisting the resident. The PSWs were only wearing procedural masks. No other personal protective equipment (PPE) was utilized by these staff members at this time. On another day, the Inspector observed one RPN and one PSW in another resident's room assisting the resident with a transfer. The RPN and PSW were only wearing procedural masks at the time of the observation and no additional PPE was utilized by these staff members.

b) The Inspector observed that four residents had signage outside their rooms, which indicated that the residents were on "precautionary isolation" and that routine precautions were to be utilized for these residents in addition to monitoring for respiratory symptoms.

The IPAC lead stated to the Inspector that new admissions to the home complete 14-days of "precautionary isolation", whereby the resident would not be allowed out of their room, but staff would only be required to use routine precautions when providing care to these residents. The IPAC lead further stated that they had discussed this plan with Algoma Public Health six or seven months ago and that Algoma Public Health had indicated that the home's plan for isolating new admissions was "reasonable to mitigate the risk to residents" in the home. When the Inspector spoke with the Public Health Inspector from Algoma Public Health who was assigned to the home, they indicated that they were not aware that new admissions and readmissions to the home were not being isolated under Droplet and Contact Precautions.

Sources: Inspector observations; COVID-19 Directive #3 for Long-Term Care Homes; residents' admission information; and interviews with the IPAC lead, Executive Director, a Public Health Inspector at Algoma Public Health, and other staff. [s. 5.]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning  
Specifically failed to comply with the following:**

**s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,  
(a) three meals daily; O. Reg. 79/10, s. 71 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #004 was offered a meal on a date in 2020.

A resident advised a PSW that they had not received their meal. The resident was provided with a dessert at that time, but was not offered the meal that they had selected, nor were they provided with an appropriate substitute.

During the home's internal investigation, it was identified that a Dietary Aide had checked off that the resident was provided with their meal; however, video footage verified that this had not occurred. There was no risk or harm to the resident, as the resident was offered a sandwich at 1400 hours after the incident was reported to the home's management team by the resident's substitute decision maker (SDM), who was visiting at the time.

Sources: The home's Complaint Investigation Form, and interviews with the resident's SDM, PSW, the Dietary Manager, and other staff. [s. 71. (3) (a)]

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**Issued on this 30th day of October, 2020**

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

**Original report signed by the inspector.**

**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

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**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** TIFFANY BOUCHER (543), JENNIFER LAURICELLA  
(542), KEARA CRONIN (759), STEPHANIE DONI (681)

**Inspection No. /**

**No de l'inspection :** 2020\_668543\_0018

**Log No. /**

**No de registre :** 015629-20, 015775-20, 017761-20, 017993-20

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Oct 29, 2020

**Licensee /**

**Titulaire de permis :** F. J. Davey Home  
733 Third Line East, Sault Ste Marie, ON, P6A-7C1

**LTC Home /**

**Foyer de SLD :** F.J. Davey Home  
733 Third Line East, SAULT STE. MARIE, ON, P6A-7C1

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Connie Lee

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To F. J. Davey Home, 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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2007, chap. 8

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**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 be compliant with s. 5 of the Long-Term Care Homes Act.

Specifically, the licensee must:

- a) Ensure that all new admissions and re-admissions to the home are isolated for 14-days under Droplet and Contact Precautions, for as long as the direction of the Chief Medical Officer of Health in Directive #3 dictates.
- b) Ensure that all staff in the home are retrained on correct isolation precautions related to COVID-19 and the appropriate use of personal protective equipment (PPE). Documentation of this training, including who completed the training, must be maintained.
- c) Develop and implement an auditing process to ensure that staff are utilizing appropriate PPE when providing care to residents on isolation precautions. Documentation of the completed audits must be maintained. The audits must continue until no further concerns are identified related to the appropriate use of PPE.

**Grounds / Motifs :**

1. The licensee has failed to ensure that appropriate isolation precautions were initiated and implemented for six residents, as per the direction outlined by the Chief Medical Officer of Health in Directive #3 for Long-Term Care Homes.

Directive #3, which was last updated on September 9, 2020, indicates that all new admissions to the home must complete 14-days of self-isolation, under Droplet and Contact Precautions. Six residents were all new admissions to the



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home.

a) The Inspector observed that two residents had signage outside of their rooms indicating that these residents were on Droplet and Contact isolation. The Inspector observed two PSWs in a resident's room assisting the resident. The PSWs were only wearing procedural masks. No other personal protective equipment (PPE) was utilized by these staff members at this time. On another day, the Inspector observed one RPN and one PSW in another resident's room assisting the resident with a transfer. The RPN and PSW were only wearing procedural masks at the time of the observation and no additional PPE was utilized by these staff members.

b) The Inspector observed that four residents had signage outside their rooms, which indicated that the residents were on "precautionary isolation" and that routine precautions were to be utilized for these residents in addition to monitoring for respiratory symptoms.

The IPAC lead stated to the Inspector that new admissions to the home complete 14-days of "precautionary isolation", whereby the resident would not be allowed out of their room, but staff would only be required to use routine precautions when providing care to these residents. The IPAC lead further stated that they had discussed this plan with Algoma Public Health six or seven months ago and that Algoma Public Health had indicated that the home's plan for isolating new admissions was "reasonable to mitigate the risk to residents" in the home. When the Inspector spoke with the Public Health Inspector from Algoma Public Health who was assigned to the home, they indicated that they were not aware that new admissions and readmissions to the home were not being isolated under Droplet and Contact Precautions.

Sources: Inspector observations; COVID-19 Directive #3 for Long-Term Care Homes; residents' admission information; and interviews with the IPAC lead, Executive Director, a Public Health Inspector at Algoma Public Health, and other staff.

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

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**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

**Severity:** There was actual risk to the residents of the home when staff did not utilize the required PPE as identified by the Chief Medical Officer of Health in Directive #3.

**Scope:** The scope was identified as widespread, as the required PPE was not utilized for all six of the residents who were admitted to the home in the last 14 days.

**Compliance History:** In the last 36 months, the licensee was not previously found to be noncompliant with s. 5 of the Long Term Care Homes Act.  
(681)

**This order must be complied with by /**  
**Vous devez vous conformer à cet ordre d'ici le :** Nov 20, 2020

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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2007, chap. 8

**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**

**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

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

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](http://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, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

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section 154 of the *Long-Term  
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foyers de soins de longue durée*, L.O.  
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](http://www.hsarb.on.ca).

**Issued on this 29th day of October, 2020**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Tiffany Boucher

**Service Area Office /**

**Bureau régional de services :** Sudbury Service Area Office