

**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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<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>
Feb 9, 2021	2021_822613_0002	023786-20	Complaint

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**Licensee/Titulaire de permis**

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

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

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

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

LISA MOORE (613), AMY GEAUVREAU (642)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): January 25 - 29, 2021.**

**The following complaint was inspected during this inspection:**

**One Complaint that was submitted to the Director regarding an admission refusal.**

**A concurrent Follow Up Inspection #2021\_822613\_0001 and Critical Incident System Inspection #2021\_822613\_0003 were also conducted during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (EDOC), Infection Prevention and Control Coordinator (IPAC Coordinator), North East Local Health Integration Networks Care Coordinator (NE LHINs Care Coordinator, Sault Area Hospital Clinical Director of Seniors Care and Transition, and Resident Assessment Instrument-Minimum Data Set Coordinators (RAI Coordinators).**

**The Inspectors also conducted daily tours of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed the applicant's admission assessment, acceptance and refusal letters.**

**The following Inspection Protocols were used during this inspection:  
Admission and Discharge**

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

**1 WN(s)**

**1 VPC(s)**

**0 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. 44. Authorization for admission to a home**

**Specifically failed to comply with the following:**

**s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**

**(a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**

**(b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**

**(c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they approved the applicant's admission to the home unless, (a) the home lacked the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances existed which were provided for in the regulations as being a ground for withholding approval.

A complaint was submitted to the Director identifying that an applicant had been denied admission to the home.

A review of the applicant's refusal letter, identified that the home refused the applicant based on a lack of physical facilities necessary to meet the applicant's care requirements, specifically due to the applicant having a prescribed intervention.

Another health care provider had offered to provide equipment to manage the prescribed intervention to the Long Term Care Home in relation to transferring the applicant; however, the home refused.

The IPAC Coordinator identified the home had supplies of the specific equipment in stock at the time of their potential admission date.

The Executive Director of Nursing, identified that they refused to admit the applicant due to them having a prescribed intervention and had concerns about infection control management for staff and other residents.

The home had the physical facilities necessary to meet the applicant's care requirements and the nursing expertise necessary to meet their care requirements.

Sources: Complainant interview; the referral management document; the applicant's most recent refusal letter; interviews with Director of Senior Care and Transitions; IPAC Coordinator; and the Executive Director of Care. [s. 44. (7)]

***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 that they admit to the home unless, (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; (b) the staff of the home lacks the nursing expertise necessary to meet the applicant's care requirements; or (c) circumstances existed which were provided for in the regulations as being a ground for withholding approval, to be implemented voluntarily.***

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**Issued on this 10th day of February, 2021**

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

**Original report signed by the inspector.**