

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 26, 2021	2021_876606_0020	009989-21, 012560-21	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Forest Heights
60 Westheights Drive Kitchener ON N2N 2A8

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

JANET GROUX (606), ROBERT SPIZZIRRI (705751)

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): September 15-17, 20-24, and 28-29, 2021.

**The following intake was completed in this complaint inspection:
Log #009989-21 regarding an allegation of resident abuse and log #012560-21
regarding insufficient staffing.**

**NOTE: A Written Notification related to O. Reg 79/10 r. 8(1)(b) was identified in this
inspection and has been issued in a concurrent inspection, #2021_876606_0021
dated October 26, 2021.**

**During the course of the inspection, the inspector(s) spoke with the Executive
Director (ED), Director of Care (DOC), Associate Director of Care (ADOC),
Environmental Services Manager (ESM), Registered Nurses (RN), Registered
Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeping Staff,
Substitute Decision Makers (SDM), and residents.**

**During the course of the inspection, the inspectors observed the Home's IPAC
practices and resident and staff interactions, reviewed clinical health records,
relevant home policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication
Prevention of Abuse, Neglect and Retaliation
Safe and Secure Home
Sufficient Staffing**

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

2 WN(s)

2 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. 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. On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil

Protection Act. On March 22 and 30, 2020, Directive #3 was issued and revised on July 14, 2021, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

1. The licensee has failed to ensure that the home was a safe environment for its residents.

A) A resident was isolated to their room and under droplet/contact precautions. During an observation, two staff were observed performing care without wearing the appropriate Personal Protective Equipment (PPE).

One staff entered the room wearing prescription eyeglasses, which were not considered PPE eye protection. According to the Ministry of Health and Long Term Care (MOHLTC) Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018, "eye protection includes the use of safety glasses, goggles, and face shields. It does not include personal eye glasses."

The second staff assisted the resident with a task at the entrance to their room. They wore a medical mask, and no other PPE. When they entered the room, they donned additional PPE, but did not wear eye protection.

The Home's Infection Prevention and Control (IPAC) Lead stated that prescription glasses were not considered eye protection. Staff were expected to wear all appropriate PPE when caring for a resident under droplet/contact precautions.

Sources: Observations, Ministry of Health (MOH) Directive #3 for Long Term Care Homes (LTCH) published July 14, 2021, MOH Directive #5 published April 7, 2021, a resident's progress notes and assessments, staff interviews, and IPAC Lead interview.

B) Consistent with Directive #3, Homes must ensure that physical distancing (a minimum of two metres or six feet) was practiced by all individuals at all times.

Signage posted inside and outside of the Home's two elevators directed anyone who used the elevator to "stay two metres apart and to limit the number of people in the

elevator". The signage did not specify the number of people allowed in the elevator at one time.

In one of the elevators, a physical distancing marker was observed at the back on the right side corner. There were no physical distancing markers in the other elevator.

During several observations, staff and residents used the elevators in groups of three or more. The staff were not able to maintain a two metre distance as required.

Three staff acknowledged they were not physically distancing when they used the elevator.

The Infection Control Lead said only two people should be in the elevator at one time to meet the physical distancing requirement.

Failure of the Home's staff to follow the requirements of physical distancing increased the risk of infection transmission and could have put residents, staff and others at potential risk of harm.

Sources: Observations, MOHLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective July 14, 2021, as per Directive #3, regarding the requirements on physical distancing, and staff interviews. [s. 5.]

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 the home is a safe environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program when they failed to perform hand hygiene for residents before meal service.

A meal service was observed during the inspection.

A hand hygiene station with sanitizer and hand wipes was accessible and available to anyone to use prior to entering the dining room.

Six residents were assisted into the dining room by a staff member without encouragement and/or assistance with hand hygiene prior to entering. The residents were not offered and/or assisted with hand hygiene by any staff before their meal.

The Home's IPAC lead stated staff were expected to encourage and/or assist residents with hand hygiene prior to entering the dining room.

Sources: Observations, Just Clean Your Hands Implementation Guide published 2019, IPAC Lead interview, and other staff. [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program., to be implemented voluntarily.

Issued on this 3rd day of November, 2021

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

Original report signed by the inspector.