

Original Public Report

Report Issue Date November 15, 2022

Inspection Number 2022_1289_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

Pleasant Manor Retirement Village

Long-Term Care Home and City

Pleasant Manor, Virgil

Lead Inspector

Melody Gray (123)

Inspector Digital Signature

Additional Inspector(s)

Paola Carla Meyer (740860)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 27th-29th, 2022, August 2nd-5th, 8th-12th, and 15th, 2022.

The following intake(s) were inspected:

- Log # 001823-22 (CIS # 2799-000001-22) related to Falls Prevention and Management
- Log # 013077-22 (Complaint) related to Falls Prevention and Management and care concerns
- Log #013957-21 (CIS # 2799-000004-21) Falls Prevention Management
- Log #014623-22 (Complaint) related to Heat Temperature

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

- Falls Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Reporting and Complaints
- Safe and Secure Home
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION WINDOWS

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s.19

The licensee has failed to ensure that a window in the home that opened to an outside driveway and was accessible to residents had a screen and could not be opened more than 15 centimeters.

Rationale and Summary

On July 28, 2022, and August 2, 2022, inspectors observed a portable air conditioning unit being vented out through a window that was boarded up with cardboard and duct tape. The window's screen had been removed. Outside light was visible through the gaps along the top and side of the cardboard.

The Director of Care (DOC) and Registered Nurse (RN) #104 confirmed that the window was opened. RN #104 also stated that there was no plan to monitor the area for safety and that a staff member was not always at the nursing station for the area to be monitored and that the cardboard had been there since May.

The Maintenance Staff #112 confirmed that they were aware of the cardboard used to cover the opened window and that this would typically not be used. They reported that it had been like that since April.

By failing to secure and monitor a window that was accessible to all residents, residents' safety and security may have been at increased risk.

Sources:

Observations, and interviews with RN#104, DOC #100 and Maintenance #112

WRITTEN NOTIFICATION MINISTER'S DIRECTIVES

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-Compliance with: FLTCA s. 184 (3)

The licensee has failed to ensure that the long-term care home carried out every operational or policy directive that applied to the long-term care home.

Rationale and Summary

The Minister's Directive was issued pursuant to s. 184(1) of the Fixing Long-Term Care Act, 2021 (Act), which authorized the Minister of Long-Term Care to issue operational or policy directives respecting long-term care homes where the Minister considers it in the public interest to do so. Every licensee shall carry out every operational or policy directive that applies to the long-term care home. In case of a conflict between this directive and any applicable law, the latter prevails.

This Directive was effective as of April 27, 2022.

A). Per section 1.3 of the Minister's Directive, licensees are required to ensure that the physical distancing requirements as set out in the guidance document are followed. As much as possible, long-term care homes should continue to adjust activities to optimize and support physical distancing (a minimum of two meters or six feet). This will also enable homes to adapt to enhanced precautions as appropriate.

On July 28, and August 2 and 3, 2022, while the home was experiencing a COVID -19 outbreak, three residents were observed sitting in chairs placed beside each other in front of the nursing station. The DOC #100 confirmed the residents were not two meters apart. They reported the residents were difficult to redirect.

By failing to maintain physical distance between residents, there was an increased risk of Covid-19 transmission in the home.

Sources: Observations and interview with DOC #100.

B). Licensees are required to ensure that the personal protective equipment requirements as set out in the COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, or as amended, are followed.

The home was experiencing a COVID-19 outbreak and staff were required to use contact and droplet precautions when entering residents' rooms and providing care to residents. They were also to use N-95 respirators as directed by the Public Health Department. Personal Protective Equipment (PPE) requirements for contact and droplet precautions included: Wearing a mask and eye protection or face shield within 2 meters of the patient; Wearing gloves when entering the patient's room or bed space and wearing a long-sleeved gown when entering the patient's room or bed space.

Also, when leaving the room or bed space staff were required to: remove gloves and gown and perform hand hygiene and to remove eye protection and mask and perform hand hygiene.

On August 2, 2022, Personal Support Worker (PSW) #113 was observed putting on gloves, a mask, and a gown prior to entering a resident's room. They removed and disposed of their gown inside the resident's room, and they were wearing the face shield and medical mask when they exited the room. They then proceeded to enter another resident's room. PSW #113

was interviewed and reported they brought an extra mask in their pocket when they entered the resident's room. They also brought in a cleaning wipe. They changed their mask and cleaned and re-applied the face shield while in the resident's room prior to exiting the resident's room. The DOC confirmed that the staff should have disposed of the equipment inside the resident's room in the designated area and put on the clean equipment prior to entering another resident's room.

On August 2, 2022, registered staff #105 was observed exiting a resident's room and entering another resident's room without changing their mask and face shield. They were interviewed and confirmed they did not follow the Ministers Directive related to infection prevention and control (IPAC) PPE use. The DOC confirmed the registered staff did not use the PPE as required per Minister's Directives.

When the staff did not use PPE correctly there was an increased risk of COVID-19 transmission.

Sources: Observations and interviews with PSW #113, registered staff #105 and DOC #100.

The Minister's Directives required the licensee to follow the Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 Public Health Ontario guidance document which included:

C). Air currents like those from a fan or AC unit from an infected individual to others nearby can be an important factor in transmission. Avoiding directional air currents around people's breathing zones will reduce respiratory droplets being spread from person to person.

On multiple occasions during a COVID-19 outbreak, many residents were observed sitting at the entrance of their rooms with multiple fans in use, blowing the air throughout the hall. The Public Health Department staff conducted an onsite visit during the inspection and their report included a finding against the home related to the use of fans during the outbreak.

DOC #100 confirmed the fans were being used in the hallways while the residents sat in the hall. They reported the fans should not be used but the staff turned them on despite being told not to do so.

The use of fans increased the risk of COVID-19 transmission.

Sources: Observations and interview with DOC #100.

[123]

NC#003 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22, S. 12(1) 3

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

- The Licensee has failed to comply with O. Reg. 246/22, s.12 (1) 3
- Specifically, the licensee shall:
- Ensure that all utility rooms in the home are kept closed and locked when not supervised by staff.
- Review and revise the process to allow access for Personal Support Workers (PSWs) and registered staff to all utility rooms. The plan should mitigate the risk of the utility doors being left open.
- Communicate this revised process to PSWs and Registered Staff; keep a written record of the date the process was communicated; what was communicated and the staff that received this communication. The communication should include the importance of ensuring utility rooms are kept closed and locked when not supervised and the risk if the process is not followed.
- Educate all new staff on the home’s expectations related to keeping non-residential areas closed and locked when unsupervised. Provide record of all education to inspectors.

Grounds

Non-compliance with: O. Reg. 246/22 s.12 (1) 3

The licensee has failed to ensure that utility rooms were kept closed and locked when they were not being supervised.

Rationale and Summary

On August 10th, 11th, and 15th, 2022, the home’s soiled utility room door was observed to be propped open with an interior cabinet door. Inside the soiled utility room was the home’s laundry chute with its door also left opened. The rooms were not supervised by staff.

The soiled utility room was accessible to all residents, and residents were observed wandering freely in the hallway.

Personal Support Workers (PSWs #109, #114, and #115) confirmed that keys were not always available to open the utility doors and that they were at times left open. PSW #115 also confirmed that the soiled utility door being observed was open at the time of the interview. The Director of Care (DOC) confirmed that residents were not allowed access to the utility rooms due to safety risk, and that the expectation was that these doors were to be closed. They also indicated that PSW staff did not have keys to these doors and to gain access to the utility rooms, they must ask the Registered Nurse (RN) for the key or retrieve it from the nurses' station desk. The DOC also confirmed that they were aware that the utility room doors were being left propped open.

By leaving the clean and soiled utility room doors opened, specifically a room that contains a laundry chute with its' door open, residents' safety was at increased risk.

Sources:

Observations of clean and soiled utility rooms, and interviews with PSWs #109, #114, #115, and DOC #100.

[740860]

This order must be complied with by November 4, 2021

COMPLIANCE ORDER CO#002 AIR TEMPERATURE

NC#004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22 s. 24 (4)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Grounds

Non-compliance with: O. Reg. 246/22 s.24 (4)

The licensee has failed to ensure that the temperature in every resident bedroom that was not being served by air conditioning was measured and documented in writing once a day.

Rationale and Summary

The licensee received a letter of exemption from the Director dated June 23, 2022, which specified that the licensee must ensure that for every resident bedroom that was not served by air conditioning, the temperature was measured and documented in writing once a day in the afternoon between 12p.m. and 5p.m.

The home's maintenance log for temperature and humidity recordings and the home's temperature slip records for the period of July 4, 2022, to August 15, 2022, showed that temperatures in every resident bedroom not served by air conditioning, was not being measured and recorded.

The DOC, registered staff #107 and the Maintenance Coordinator confirmed that resident bedrooms did not have air conditioning and that every resident bedroom temperature was not being measured and recorded daily.

On August 4, 2022, a temperature of 26.5 degrees Celsius was measured in a resident's room.

By failing to monitor air temperatures in every resident room that was not being served by air conditioning, the risk of heat related illnesses to residents was increased.

Sources:

Room observations and temperature measurement, interviews with DOC #100, registered staff #107, and Maintenance #112, record reviews of licensee exemption letter dated June 23, 2022, temperature and humidity recording logs, and daily temperature record slips.

[740680]

This order must be complied with by: November 4, 2022

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 1-800-461-7137
HamiltonSAO.moh@ontario.ca

Health Services Appeal and Review Board
Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.