

**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>
May 4, 2021	2021_805638_0005	001730-21	Complaint

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**Licensee/Titulaire de permis**

584482 Ontario Inc.  
c/o Jarlette Health Services 711 Yonge Street Midland ON L4R 2E1

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

Manitoulin Lodge  
3 Main Street P.O. Box 648 Gore Bay ON P0P 1H0

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

RYAN GOODMURPHY (638)

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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): April 26 - 29, 2021.**

**The following intake was reviewed during this Complaint Inspection:**

**-One intake which was related to concerns regarding visitation rights as well as infection prevention and control practices.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Co-Director of Care (Co-DOC), Environmental Services Manager, Housekeeping Manager, Registered Nurses (RN), Personal Support Workers (PSW), Resident Care Aids (RCA), Housekeeping staff, Screening staff, residents and their family.**

**The Inspector also conducted daily tours of resident care areas, reviewed relevant health care records, observed staff to resident interactions, the implementation of infection prevention and control practices, as well as the provision of care to residents and services within the home.**

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

**Infection Prevention and Control**

**Personal Support Services**

**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. 3. Residents' Bill of Rights**

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

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**

**14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents had the right to receive visitors of their choice, without interference.

Directive #3 was issued by the Chief Medical Officer of Health, which outlined that long-term care homes were responsible for supporting, implementing and facilitating residents in receiving essential caregivers while mitigating the risk of exposure to COVID-19. The long-term care home was to allow each resident up to two designated essential caregivers to support and provide direct care to the resident, as defined in the directive.

The Ministry of Long-Term Care "COVID-19 visiting policy", indicated that if the local public health unit was in the Orange, Red or Grey zone, or if the home was in an outbreak, only essential visitors were permitted in the home and a maximum of one caregiver per resident may visit at a time.

On January 14, 2021, a provincial emergency was declared and a stay-at-home order was issued. The Assistant Deputy Minister addressed a memo to Long-Term Care Home Stakeholders that indicated that these enhanced measures did not impact the current requirements for essential visits to long-term care homes and that during the declared provincial emergency, all homes were required to follow the applicable requirements and restrictions based on the Grey zone.

The document titled "Suspending Essential Visits" was addressed to the essential caregivers and indicated that a decision was made to suspend all essential visits to Manitoulin Lodge for a period of time.

In an interview with the Administrator and DOC, it was identified that for a short period of time, all visitors, including essential caregivers were suspended. The DOC identified some exceptions were made for essential caregivers who raised concerns with this implementation. The decision came from their corporate head office after an influx of cases within the province and concern arose regarding the variants of concern. The decision was not made in consultation with the local public health unit. [s. 3. (1) 14.]

***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 residents have the right to receive visitors of their choice, based on current ministry directives, without interference, to be implemented voluntarily.***

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**Issued on this 4th day of May, 2021**

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

**Original report signed by the inspector.**