Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Amended Public Report (A1)

Report Issue Date: January 27, 2023	
Inspection Number: 2022-1032-0005	
Inspection Type: Follow up	
Licensee: Mississauga Long Term Care Facility Inc.	
Long Term Care Home and City: Mississauga Long Term Care Facility, Mississauga	
Inspector who Amended Nicole Ranger (189)	**Inspector who Amended Digital Signature** Nicole S Ranger Digitally signed by Nicole S Ranger Date: 2023.02.24 13:36:50 -05'00'
Additional Inspector(s)	

AMENDED INSPECTION SUMMARY

This licensee inspection report has been revised to add the Review/Appeal information to the report.

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 28, 29, 30, 2022.

The following intake(s) were inspected:

- Intake: #00012937- Follow up inspection related to air temperatures.

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

Safe and Secure Home
Infection Prevention and Control

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 246/22	s. 24(2)(3)(4)(5)	2022_1032_0002	001	189

INSPECTION RESULTS

WRITTEN NOTIFICATION: PROTECTION OF PRIVACY IN REPORTS

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 351 (2) 1.

The licensee has failed to ensure that where an inspection report mentioned in clause (1)(a)(c) or (d) contains personal information, only a version of the report that has been edited by an inspector so as to provide only the finding and a summary of the evidence supporting the finding was posted.

Rationale and Summary:

On November 28, 2022, the inspector observed the Information board in the basement hallway with the following Ministry of Long Term Care (MLTC) inspection licensee reports posted:

- Licensee Report 2020_810654_0001, dated January 31, 2020
- Licensee Report 2021_766500_0013, dated May 14, 2021

The Acting Administrator acknowledged that only public reports should be posted. The Acting Administrator and Director of Care (DOC) observed the licensee reports on the board and removed them. They acknowledged that licensee reports should not be posted in the home, and that residents personal information in the reports was not protected.

Sources: Observations on November 28, 2022, interview with Acting Administrator and Director of Care.

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WRITTEN NOTIFICATION: RESIDENT BILL OF RIGHTS

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

The licensee has failed to ensure that residents rights to have their personal health information within the meaning of Personal Health Information Protection Act, 2004, was kept confidential in accordance with that Act.

Rationale and Summary:

On November 28, 2022, the inspector observed the Information board in the basement hallway with the following Ministry of Long Term Care (MLTC) inspection report resident list posted:

- Resident List for Licensee report 2020_810654_0001

The Acting Administrator acknowledged that the resident list should not be posted. The Acting Administrator and Director of Care (DOC) removed the resident list from the board. They acknowledged that the residents personal information was not protected.

Sources: Observations on November 28, 2022, interview with Acting Administrator and Director of Care.

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WRITTEN NOTIFICATION: OBSTRUCTION

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 153

The licensee has failed to ensure that staff members do not destroy or alter a record or other thing that has been demanded under clause 150 (1) (c).

Rationale and Summary:

On August 17 and 19, 2022, a follow up inspection was conducted related to Compliance Order (CO) #001 under inspection report 2022_1032_0002. The compliance order required the home

to be compliant with O. Reg 246/22, s. 24 (2)(3)(4)(5*)*:

Ensure that air temperatures are measured and documented in writing, at a minimum in the following areas of the home:

(5) In addition to the requirements in subsection (2), for every resident bedroom that is not served by air conditioning, the temperature is measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

The inspector found the home was not in compliance with the compliance order. A secondary follow up inspection was conducted on November 28, 29, 30, 2022. The inspector requested air temperature documentation for an identified time. The DOC provided the air temperature readings one hour later.

The air temperatures documentation on an identified date, showed that it was completed and signed off by RPN #103 and RPN #104. The staffing schedule showed that RPN #103 and RPN #104 were away from the home on the identified dates. The staff/visitor daily COVID-19 screening forms for the identified dates, showed that RPN #103 and RPN #104 did not sign in or complete daily screening on those dates. RPN #103 and RPN #104 confirmed the same.

According to the DOC, air temperature documentation is primarily completed by the registered staff. When the inspector requested the air temperature documentation, they were unable to find it, but eventually found the temperature logs in a box that contained papers to be shredded. The inspector found that the documentation had multiple entries with temperatures recorded but no staff signatures, temperatures recorded with no rooms identified, incomplete entries, and the same handwriting on multiple pages. The DOC stated that because the air temperature documentation was found in a shredding box, it was unclear if the documents may have been created or altered.

Due to incomplete entries, same handwriting on multiple pages, missing staff signatures, a delay in receiving the air temperature documentation, documentation found in the shredding box, and two registered staff who completed the documentation while not scheduled to work, the inspector found that the licensee has failed to ensure that staff members do not destroy or alter a record or other thing that has been demanded under clause 150 (1) (c).

Sources: Review of Daily Air Temperature logs for identified months, staff schedule, staff/visitor daily COVID-19 screening forms, interviews with RPN #103, RPN #104, DOC and Acting Administrator.

[189]

WRITTEN NOTIFICATION: AIR TEMPERATURES

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non compliance with: FLTCA, 2021, s. 104 (4)

The Licensee has failed to comply with the conditions of Compliance Order (CO) #001 issued June 24, 2022, under inspection report 2022_1032_0002 with a compliance order due date of July 8, 2022.

Grounds

The home failed to measure and document the temperature in writing once daily in the afternoon between 12 p.m. and 5 p.m. in each resident bedroom not served by air conditioning.

Rationale and Summary

Follow up inspection was conducted on August 17 and 19, 2022. The inspector found the home was not in compliance with CO #001 under inspection# 2022_1032_0002.

A secondary Follow up inspection was conducted on November 28, 29, 30, 2022. Upon follow-up the home remained in non compliant during inspection #2022_1032_0005.

Maintenance staff #102 identified five resident rooms with no air conditioning units. One room was previously vacant until resident #002 was admitted on an identified date.

Progress notes identified that on an identified date, resident #002, their substitute decision maker (SDM), and the DOC discussed placing an air conditioning unit in the room. Resident #002 and their SDM decided not to have the air conditioning unit installed per preference. The DOC was unable to provide air temperature documentation for resident #002's room and acknowledged they did not take daily air temperature readings in the resident room as required.

The DOC and Acting Administrator acknowledged that the home remained in non compliance during inspection #2022_1032_0005.

Sources: Review of Daily Air Temperature Logs for identified months , interview with Director of Care, Maintenance staff #102 and Acting Administrator.

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This written notification WN#004 is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification [AMP#001]

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with O. Reg. 246/22 s. 24(2)(3)(4)(5)

Notice of Administrative Monetary Penalty [AMP #001]
Related to Written Notification NC#004

Pursuant to section 158 of the *Fixing Long-Term Care Act, 2021*, the licensee is required to pay an administrative penalty of **$2200.00,** to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History

- Order #001 of Inspection #2022_1032_0002, O. Reg. 246/22 s.24 (2)(3)(4(5)
- WN #001 with **AMP #001** of Inspection #2022_1032_0003

This is the second consecutive time an AMP has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

*Licensees must **not** pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.*

Ministry of Long-Term Care
Long-Term Care Operations Division
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Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the *Fixing Long-Term Care Act, 2021*, the licensee is subject to a re-inspection fee of **$500.00** to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Order #001 of Inspection #2022_1032_0002 in which the order had not been previously complied.

*Licensees must **not** pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.*

REVIEW/APPEAL INFORMATION

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;
(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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) 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:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) 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:

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
e-mail: 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.