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

Central East Service Area Office
33 King Street West, 4th Floor
Oshawa ON L1H 1A1
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Original Public Report

Report Issue Date July 8, 2022
Inspection Number 2022-1252-0001
Inspection Type
☒ Critical Incident System ☒ Complaint ☒ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
0760444 B.C. Ltd. as General Partner on behalf of OMNI Health Care Limited Partnership

Long-Term Care Home and City
Pleasant Meadow Manor
99 Alma Street,
Norwood, Ontario

Lead Inspector
Chantal Lafreniere #194
Nicole Jarvis (#741831, Inspector in training)

Choose an item.

Chantal D Lafreniere

Digitally signed by Chantal D Lafreniere
Date: 2022.07.08 14:00:44 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 27, 30, 31, June 1, 2, 6, 7, 8, 9 and 10, 2022.

The following intake(s) were inspected:

- Log for (Follow-up) related to s.19 duty to protect
- Log related to COVID-19 outbreak
- Log related to staff to resident abuse
- Log related to staff to resident neglect of care
- Log related to meal service and resident care

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007	s. 19	2021-946111-0006	CO#001	#194

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

- Food, Nutrition and Hydration
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Safe and Secure Home

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED: AIR TEMPERATURES

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2) AIR TEMPERATURE

O. Reg. 246/22 s. 24(4) In addition to the requirements in subsection (2), the licensee shall ensure that, 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.

During a tour of the home, it was observed that several resident rooms were not equipped with air conditioning units. Discussion with the Administrator/DOC confirmed that the home was not aware that these rooms required to have air temperature reading completed daily.

Review of the air temperature records starting on June 9, 2022, confirmed that air temperature readings were being taken daily and recorded for the resident rooms in the home without air conditioning.

Sources: Observation of the home, review of the Air temperature records and interview with staff

Date Remedy Implemented: June 9, 2022 [194]

NON-COMPLIANCE REMEDIED: PLAN OF CARE

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

Non-compliance with: FLTCA, 2021 *, 6(1)(a)*

The licensee has failed to ensure the written plan of care for a resident set out planned care related to continence and pain.

Rationale and Summary

A resident confirmed that they had pain. Interviews with PSW's confirmed that the resident had pain and required assistance with continence care. Clinical Co-ordinator (CC) confirmed that the resident's plan of care had not been updated to include continence care and pain management. Review of the residents MAR and TAR confirmed that resident was being provided treatment for pain. CC updated the plan of care related to continence care and pain management on June 9, 2022.

Sources: Sources: Resident's plan of care, MAR and TAR records and interview with staff and resident.

Date Remedy Implemented: June 9, 2022 [194]

WRITTEN NOTIFICATION: DIRECTIVE BY THE MINISTER

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 *s. 184(3)*

The licensee has failed to carry out every operational or policy directive that applies to the long-term care home, related to COVID-19 screening, testing and IPAC self audits.

Rationale and Summary

Review of the homes IPAC self assessments audits confirmed that the home did not complete weekly IPAC self assessment audits, while in a COVID-19 outbreak.

The IPAC lead confirmed that all staff were to be screened and complete a rapid antigen test prior to entering the home daily. Review of the screening records indicated that three staff and an essential care provider, did not complete their COVID-19 screening. On two specific dates

a PSW did not complete their rapid antigen testing prior to entering the home. The PSW stated that they had forgotten to enter the results of their test on one of the identified dates.

Sources: IPAC self assessment audits, COVID-19 screening and rapid antigen testing logs and interview with staff. [#194]

WRITTEN NOTIFICATION: IPAC & STANDARD 9.1(F)

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246 /22 *s. 102 (2)(b) & IPAC standard 9.1 (f)*

The licensee has failed to ensure that Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include:

- Additional PPE requirements including appropriate selection application, removal and disposal

Rationale and Summary

Two residents were confirmed to be in droplet and contact precautions, PSW's entered the resident rooms without donning appropriate PPE's. A PSW indicated that they forgot their eye protection and did not know that N95's was to be worn for asymptomatic residents in isolation. Another PSW donned PPEs then applied N95 and eye protection without sanitizing their hands.

Sources: Observations of IPAC practices at the home and interview with staff [194]

WRITTEN NOT. IFICATION: OPERATIONAL PLAN

NC#005 Written Notification pursuant to FLTCA, 2021, s154(1)1

Non-compliance with: O. Reg. 246/22 , *s. 356(5)*

The licensee has failed to ensure that when the licensee who has received the Director's approval under subsection (3) shall ensure that the work is carried out in accordance with the plan or specifications and work plan provided under subsection (4).

Rationale and Summary

Review of the home Operational plan and working drawings approved by the Ministry, confirmed that a resident lounge area and protected areas for outdoor space in the courtyard of the home would be maintained. The inspectors noted that the resident lounge and secure

outdoor space outlined in the working drawings were not carried out in accordance with the work plan or specifications during construction.

Sources: Observations of the home areas, review of the operational plan and interview with staff [194]

WRITTEN NOTIFICATION: REPORTING LOSS OF ESSENTAIL SERVICE

NC#006 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *, s. 115 (3)(2)(iii)*

The licensee has failed to ensure that the Director is informed of a loss of essential services in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (iii) loss of essential services.

Rationale and Summary

The Administrator stated that they did not report the recent power outage to the Ministry as the generator was operational. The Administrator confirmed that the heating system, hot water, and mag locks were not operational during the power outage. The home was operating under auxiliary lighting, and air mattresses were not able to alternate pressures relief. The Maintenance Manager confirmed that the main entrance door of the home was manually operational and eventually the entrance to the home had to be temporarily moved to side entrance. Maintenance manager confirmed that during the power outage air temperature dropped to 20 and 21 degrees Celsius.

Sources: Review of the air temperature records, Mag lock security checks, interview with staff [194]

WRITTEN NOTIFICATION: SUBMITTING CIR FOR LOSS OF ESSENTIAL SERVICES

NC#007 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *, s. 115 (5)*

The licensee has failed to ensure to inform the Director of an incident for loss of essential services, within 10 days of becoming aware of the incident, or sooner if required by the Director, make a report in writing to the Director setting out the following with respect to the incident:

1. A description of the incident, including the type of incident, the area or location of the incident, the date and time of the incident and the events leading up to the incident.

Rationale and Summary

During the period of four days, the home was involved in a power outage, which resulted in the loss of essential services at the home. The Administrator confirmed that a Critical Incident report for the incident was not submitted to the Director within 10 days.

Sources: Air temperature records, Mag lock security checks and interview with staff [194]

WRITTEN NOTIFICATION: HAZARDOUS MATERIAL

NC#008 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *, s. 97*

The licensee has failed to ensure that that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

Rationale and Summary

A cleaner, was observed on several occasions during the inspection, accessible to residents when the dirty utility room door was left open and unlocked. ESM confirmed that the PSW staff had been provided with bottles of the hazardous material for their dirty utility room but stated that the rooms should have been kept locked.

Sources: Observations of the dirty utility rooms and interview with staff [194]

WRITTEN NOTIFICATION: GENERATOR

NC#009 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *, s. 22(1)(a)*

The licensee has failed to ensure that the home is served by a generator that is always available and that has the capacity to maintain, in the event of a power outage, (a) the heating system

Rationale and Summary

The Maintenance Manager at the home confirmed that the generator in use at the time of the power outage, did not have the capacity to maintain the homes heating system. Review of the air temperature records during the power outage confirmed that the homes air temperatures fell below 22 degrees Celsius.

Sources: Review of the Air temperature records, and interview with staff (Maintenance Manager) [194]

WRITTEN NOTIFICATION: AIR TEMPERATURES AT 22 DEGREES

NC#010 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 24(1)*

The licensee has failed to ensure that the home is maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

The Administrator confirmed that registered staff at the home were responsible for taking and recording the air temperatures. An RN stated that their responsibilities were to take the air temperatures in the designated areas, then record in the air temperatures book and report any unusual temperatures to the Administrator and Maintenance. Review of the air temperature records at the home for two specific period of time, confirmed that there were numerous air temperatures that were recorded to be below 22 degrees Celsius.

Sources: Air Temperature records and interview with staff [194]

WRITTEN NOTIFICATION: RECORDING OF AIR TEMPERATURES

NC#011 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 24(3)*

The licensee has failed to ensure that the temperatures required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

The Administrator stated that they were responsible for reviewing the air temperature records at the home to ensure that the temperatures were within acceptable range and ensure that the record was complete. The Administrator confirmed that they were not aware of any missing or out of range temperature. Review of the air temperature records at the home for the period of two specific periods of time, confirmed several missing temperature records.

Sources: Air temperature records, interview with staff [194]

WRITTEN NOTIFICATION: DINING AND SNACK SERVICE

NC#012 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 *s. 79 (2)(b)*

The licensee has failed to ensure that residents #015, #030, #031 who requires assistance with eating or drinking are served a meal until someone is available to provide the assistance required by the resident.

Rationale and Summary

A resident was observed, sitting in the dining room at 1215 hours, with a meal, while a PSW was assisting another resident at the table. The resident was not offered assistance with their meal until 1221 hours.

Another PSW was observed with meal trays on a trolley at 1205 hours. The PSW proceeded to deliver and assist two residents with their meals. At 1230 hours, the PSW was assisting another resident with their meal. The PSW was ready to assist the last resident with their meal at 1245 hours. The PSW tested the food and confirmed that the food had gone cold, and another meal would be required. At 1300 hours the resident was provided with an alternate option for the meal and was assisted with their meal.

Sources: Observation of the tray service and interview with staff. [194]

WRITTEN NOTIFICATION: MEDICATION

NC#013 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 138(1)(a)(ii)

The licensee has failed to ensure that medicated treatment creams are stored in an area or a medication cart, that is secure and locked.

Rationale and Summary

Treatment carts were observed to be unlocked on several occasions. Medicated treatment creams for residents were observed inside the cart for residents. PSW's and Clinical Coordinator (CC) confirmed that the treatment cart was to be kept locked at all times.

Sources: Observation of the units, record review for residents and staff interviews. [194]

WRITTEN NOTIFICATION: POLICE NOTIFICATION

NC#014 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s 105

The licensee has failed to ensure that the appropriate police force is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence.

Rationale and Summary

Non-compliance with s. 105 of O. Reg 246/22 under the FLTCA

A witnessed incident of staff to resident physical abuse involving a resident was reported by a PSW.

DOC confirmed that police were not notified of the allegation of physical abuse

Non-compliance with s. 98 of O. Reg 79/10 under the LTCHA

A PSW reported an allegation of neglect of care involving several residents to an RN. DOC confirmed that the police were not notified of the incident.

Sources: CIR's, Reporting incidents of abuse policy, abuse investigation notes and interview with staff [194]

WRITTEN NOTIFICATION: PLAN OF CARE

NC#015 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 *, 6 (1) (c)*

The licensee has failed to ensure that there is a written plan of care for a resident that sets out, clear directions to staff and others who provide direct care to the resident.

Rationale and Summary

The resident's plan of care directed that staff provide a two staff pivot transfer and did not provide clear direction for staff on how to manage the transfer without pain to the resident. The resident explained they experienced pain a times during transfers. The resident and PSW's described the transfer process differently.

Sources: Resident's plan of care interview with staff and resident [194]

WRITTEN NOTIFICATION: ABUSE INVESTIGATION

NC#016 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 27(1)(a)(i)

The licensee has failed to ensure that alleged incident of physical abuse reported on April 18, 2022, was immediately investigated.

Rationale and Summary

A PSW witnessed another PSW providing care to a resident that resulted in the resident crying out in pain. The PSW reported the incident to the RN, one day later.

The RN confirmed that the PSW notified them of the alleged physical abuse involving a resident. The RN stated they had informed DOC of the incident, had spoken to resident, who confirmed the incident and directed the PSW to report the incident to the DOC.

DOC confirmed that the PSW notified them of the incident of physical abuse involving resident several days later. DOC stated that the abuse investigation was immediately initiated, and CIR submitted.

Sources: Abuse investigational notes, CIR 22 and interview with staff [194]

WRITTEN NOTIFICATION: ABUSE POLICY

NC#017 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 , s. 25(1)

The licensee has failed to ensure that without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents and shall ensure that the policy is complied with.

Rationale and Summary

The homes abuse policy directs that anyone who has reasonable grounds to suspect that a resident has been neglected or abused is obligated to immediately report the suspicion and the information upon which the suspicion is based to the Director, Administrator, or manager on call.

A PSW reported to have witnessed another PSW being abusive during the provision of care. The PSW did not report the incident until the next day to the RN. The DOC was notified several days later.

Sources: zero tolerance of abuse and neglect policy, Abuse investigational notes and interview with staff [194]

WRITTEN NOTIFICATION: REPORTING OUTCOME OF ABUSE

NC#018 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 27(2)

The licensee has failed to ensure to report to the Director the results of every investigation undertaken under clause (1) (a), and every action taken under clause (1) (b).

Rationale and Summary

A witnessed incident of staff to resident physical abuse involving a resident was reported by a PSW. The outcome of the abuse investigation was not forwarded to the Director.

DOC confirmed that the results of the homes abuse investigation was determined to be unfounded. DOC confirmed that the results of the investigation had not be forwarded to the Director.

Sources: CIR, Abuse investigational notes, and interview with staff. [194]

WRITTEN NOTIFICATION: ABUSE EDUCATION

NC#019 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 82(4)

The licensee has failed to ensure that the persons who have received training under subsection (2) abuse, receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations, (annually)

Rationale and Summary

The Abuse education records for PSWs involved in the allegation of physical abuse confirmed that the PSWs had not been provided Zero Tolerance of Abuse education annually.

The Administrator confirmed that the PSW's did not receive education on Zero Tolerance of abuse annually.

PSW's abuse educational records confirmed that there was no annual abuse education completed.

Sources: Review of the staff abuse educational records and interview with staff [194]

COMPLIANCE ORDER [CO#001]: REPORTING OF ABUSE

NC#021 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: FLTCA, 2021 ***s. 28(1)2***

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 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee shall:

1. Re-educate PSW #101 and RN #130 on the homes abuse policy, specifically their responsibilities for immediately reporting alleged, suspected, or witnessed resident abuse.
2. Document the education, dates provided and staff member who provided the education.

Grounds

On April 11, 2022, the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22 came into force, which replaced the Long-Term Care Homes Act, 2007 (LTCHA) and O. Reg. 79/10 under the LTCHA. As set out below, the licensee's non-compliance with the applicable requirement occurred prior to April 11, 2022, where the requirement was under s. 24(1) of LTCHA, 2007. Non-compliance with the applicable requirement also occurred after April 11, 2022, which falls under s. 28(1)(2) under the FLTCA.

Rationale and Summary

Non-compliance with s. 24(1) under the LTCHA

A PSW reported an allegation of neglect of care involving several residents to an RN. DOC confirmed that the RN should have immediately reported the incident to the Director.

Non-compliance with s. 28(1)(2) under the FLTCA

A PSW reported allegation of abuse to an RN. The RN's statements indicated that they had informed the DOC. DOC confirmed that they had only been advised of the incident several days later. Critical Incident Report was submitted 11 days later, to inform the Director of the incident of physical abuse

Sources: CIR's, Zero Tolerance of Abuse policy, abuse investigation notes and interview with resident and staff .

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

Central East Service Area Office
33 King Street West, 4th Floor
Oshawa ON L1H 1A1
Telephone: 1-844-231-5702
CentralEastSAO.moh@ontario.ca

This order must be complied with by August 5, 2022

[194}

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. 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:

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.