

Ministère des Soins de longue durée

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 Sudbury Service Area Office 159 Cedar Street Suite 403 SUDBURY ON P3E 6A5 Telephone: (705) 564-3130 Facsimile: (705) 564-3133 Bureau régional de services de Sudbury 159, rue Cedar Bureau 403 SUDBURY ON P3E 6A5 Téléphone: (705) 564-3130 Télécopieur: (705) 564-3133

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Report Date(s) /	Inspection No /	Log # /	Type of Inspection /
Date(s) du Rapport	No de l'inspection	No de registre	Genre d'inspection
Mar 24, 2021	2021_745690_0007	003238-21	Complaint

#### Licensee/Titulaire de permis

Board of Management of the District of Kenora 1220 Valley Drive Kenora ON P9N 2W7

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

Princess Court Princess Street Box 725 Dryden ON P8N 2Z4

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

TRACY MUCHMAKER (690)

## 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): March 9-12, 2021, as an off-site inspection.

The following intake was inspected during this Complaint Inspection: - One log, which was related to a complaint regarding general visitor restrictions.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), and Assistant Director of Care (ADOC).

The Inspector also conducted a review of relevant records and policies.

The following Inspection Protocols were used during this inspection: Reporting and Complaints

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)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES			
Legend	Légende		
<ul> <li>WN – Written Notification</li> <li>VPC – Voluntary Plan of Correction</li> <li>DR – Director Referral</li> <li>CO – Compliance Order</li> <li>WAO – Work and Activity Order</li> </ul>	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités		
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).	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.		
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non- respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.		

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).



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# Findings/Faits saillants :

1. The licensee has failed to ensure that residents had the right to receive general visitors of his or her choice as per COVID-19 Directive #3.

A complaint was submitted to the Director stating that as of February 11,2021, the home was not allowing general visitors.

As per COVID-19 Directive #3 that was issued by the Chief Medical Officer of Health, long-term care homes were responsible for supporting, implementing and facilitating residents in receiving general visitors while mitigating the risk of exposure to COVID-19. The long-term care home was to allow general visitors provided that the home was not located in a public health unit region where there was evidence of increasing/significant community transmission i.e., Orange (restrict), Red (control), or Gray (lockdown) levels in the provincial Covid-19 Response Framework: Keeping Ontario Safe and Open.

According to Ontario Regulation 363/20 made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020, rules for visitors would vary based on the zone of the local public health unit region in which the home is located. Homes in the Northwestern Health Unit region entered into the yellow (protect) zone on February 16, 2021, and remained in the yellow (protect) zone until March 12, 2021, when the Northwestern Health Unit entered into a red (control) zone.

Furthermore, as per the Ministry of Long Term Care "COVID-19 visiting policy", it indicated that if the local public health unit was in the Yellow (protect) zone, then the home was to allow general visitors.

The homes COVID-19 visiting policy reiterated that the home was to allow a maximum of two general visitors per resident at a time provided that the local public health unit was in a green or yellow zone.

During separate interviews with Inspector #690, the Administrator and DOC indicated that the home had not begun allowing general visitors, despite going into a yellow (protect) phase on February 16, 2021, and that they should have according to the reopening framework.

Sources: COVID-19 Directive #3 for Long-Term Care Homes, dated December 7, 2020; Ministry of Long-Term Care "COVID-19 Visiting Policy" dated December 26, 2020; the



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home's policy titled "Covid-19 Visiting Policy OHS 475", last revised March 21, 2021, interviews with the Administrator, and the DOC. [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 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, to be implemented voluntarily.

Issued on this 24th day of March, 2021

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

Original report signed by the inspector.