

**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**

Ottawa Service Area Office
347 Preston St Suite 420
OTTAWA ON K1S 3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347 rue Preston bureau 420
OTTAWA ON K1S 3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 7, 8, 2021	2021_831211_0013	005181-21, 008288-21	Critical Incident System

Licensee/Titulaire de permis

2629693 Ontario Inc.
c/o Sarsfield Colonial Home 2861 Colonial Road, P.O. Box 130 Sarsfield ON K0A 3E0

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

Sarsfield Colonial Home
2861 Colonial Road P.O. Box 130 Sarsfield ON K0A 3E0

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

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): July 27, 28, 29, 2021, August 3 and 4, 12, 13, 2021 (onsite), August 16, 23, 2021 (offsite).

During the course of this inspection the following logs were inspected:

Log #005181-21 related to fall prevention

Log #008288-21 related to pest control.

During the course of the inspection, the inspector(s) spoke with the President of the Home, the Administrator, the Director of Care (DOC), the Activity Director, the Manager of the Environmental Services, Registered Nurses (RNs), Registered Practical Nurses (RPNs), several Personal Support Workers (PSWs), the Office Clerk/Educator, the Assistant Administrator, an Activity student, Housekeeping Aide, Cook, a Dietary Aide and several residents.

During the course of the inspection, the inspector reviewed several resident health care records, reviewed Quality Control Temperature Humidex sheets, reviewed the Covid-19 screening sheets, Reviewed Hot Weather related illness prevention/management/protocol, Air Temperature Control, Outbreak Procedures Housekeeping, Outbreak/Pandemic Procedures-Nursing, Infection Control. Sanitation and Safety, Pest Control, and Fall Prevention Program policies, review the Capital Pest Control Regionex Extermination Outaouais Service Agreement and the log book, Incident Report, Ottawa Public Health Bill and recommendation, observed the provision of resident care and services and observed several resident rooms.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

**4 WN(s)
4 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home is a safe and secure environment for its residents.

As per Covid-19, Directive #3 for Long-Term Care Homes, under the Long-Term Care Homes Act, 2007, dated July 16, 2021, regarding the active screening for all persons: "Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit".

Inspector #211 observed a binder with sheets titled "Ontario Fire Regulations require that all visitors must sign in and out. Ministry of Health & LTC requires all visitors to complete the self-screening & temperature checks to enter our facility" placed on a desk at the front main entrance. Above that desk, Inspector #211 observed a sheet posted on the window titled "Attention All Visitors. Due to the pandemic we are now screening all visitors (Caregivers can selfscreen only if fully immunized and after receiving information on how to self-screen). Any person entering the facility that is not fully immunized must make an appointment for visits and must undergo screening as well as a rapid test. If you have any of the following symptoms will not be permitted entry into our facility:

1. New or worsening cough
2. Shortness of breath
3. Sore throat, runny nose or sneezing
4. Nasal congestion
5. Hoarse voice
6. Difficulty swallowing
7. New smell or taste Disorder
8. Nausea, vomiting, diarrhea, abdominal pain
9. Unexplained fatigue/malaise
10. Chills
11. Headache

12. Conjunctivitis (eye infection) or if
13. You have travelled or had close contact with anyone who has travelled outside of Canada in the past 14 days
14. Have had a close contact with anyone with a respiratory illness or a confirmed or probable case of Covid-19".

On that day, Inspector #211 observed family members completing their own Covid-19 screening information within the binder without being actively screened by a staff member when they entered the home.

The DOC stated that a new screening process was initiated on July 30, 2021. The DOC explained that only family members who were fully vaccinated were trained to complete the Covid-19 screening themselves. The trained family members were not being actively screened by a staff member when they entered the home. The DOC confirmed that the process to actively screen the visitors was immediately revised to reflect current screening guidelines as identified in Directive #3.

As such, residents were placed at risk of harm when the home did not have a staff member actively screening all visitors, once per day, at the beginning of their visit.

Sources: Directive #3 (June 16, 2021), interview with a Staff member and the DOC and observations made by inspector #211. [s. 5.]

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written plan of care for each resident regarding heat related illness that sets out clear directions to staff and others who provide direct care to the resident.

Specifically, on April 1, 2021, a memorandum to Long-Term Care Home Stakeholders was sent by the Assistant Deputy Minister, Long-Term Care Operations Division, Ministry of Long-Term Care related to an amendments to Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007 regarding enhanced cooling requirements. The memorandum indicated that effective May 15, 2021, “The licensees are required to incorporate in residents’ care plan, an interdisciplinary assessment of the seasonal risk relating to heat related illness, including protective measure required to prevent or mitigate heat related illness”.

A review of three of several residents' plan of care indicated that assessments of the seasonal risk relating to heat related illness were completed in May and June 2021 for all residents in the home. Several residents’ written plan of care did not identify that the residents were at risk for heat related illness.

The DOC validated that several residents' written plan of care did not identify that they were at risk for heat related illness. The DOC stated that the electronic healthcare record “Heat Assessment” should have automatically generated in the residents written plan of care that they were at risk of heat related illness.

Subsequently, several residents were placed at risk of potential heat related illness, as their written plan of care did not identify that they were at high risk for heat related illness and did not set out clear individualized interventions to staff and others who provide direct care to the residents.

Sources: Review of resident’s health care records, the memorandum to Long-Term Care Home Stakeholders sent on April 1, 2021, by the Assistant Deputy Minister, Long-Term Care Operations Division, Ministry of Long-Term Care related to an amendments to Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007 related to enhanced cooling requirements and interview with the DOC. [s. 6.]

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 or ensure that there was a written plan of care for each resident that sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 9. Doors in a home
Specifically failed to comply with the following:**

s. 9. (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

- 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,**
 - i. kept closed and locked,**
 - ii. equipped with a door access control system that is kept on at all times, and**
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,**
 - A. is connected to the resident-staff communication and response system, or**
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door.**

O. Reg. 79/10, s. 9; O. Reg. 363/11, s. 1 (1, 2).

Findings/Faits saillants :

1. The licensee has failed to ensure that both doors in the front main entrance leading outside of the home were locked.

Inspector #211 observed an individual exiting the home by pushing both inside and outside doors of the main entrance. A green light was observed on the door access control system panel. Inspector #211 immediately informed a staff member that the main front doors were unlocked, and an individual was able to leave the building without using the door access control system panel to unlock the doors.

The DOC stated that a confidential password needed to be entered on the door access control system panel to keep the main front doors unlocked. They were unable to identify the person who set the password to keep the main front doors unlocked. The DOC confirmed that using this password to keep the front main doors unlocked was not a safe and secure environment for their residents.

As such, the general safety of residents was put at risk when the main entrance doors leading to the outside were kept unlocked.

Sources: Interviews with a staff member and the DOC. Observation made by Inspector #211. [s. 9. (1) 1.]

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 the following rules are complied with:

- 1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,***
 - i. kept closed and locked,***
 - ii. equipped with a door access control system that is kept on at all times, and***
 - iii. equipped with an audible door alarm that allows calls to be cancelled only at the point of activation and,***
 - A. is connected to the resident-staff communication and response system, or***
 - B. is connected to an audio visual enunciator that is connected to the nurses' station nearest to the door and has a manual reset switch at each door., to be implemented voluntarily.***

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).

s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).

s. 21. (3) The temperature 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. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

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1. The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum at least:

- in two resident bedrooms in different parts of the home,
- in one resident common area on every floor of the home, which may include a lounge, dining area or corridor
- in every designated cooling area,
- once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A review of the licensee's "Quality Control Temperature Humidex" sheets, indicated that the temperature from May 15 to August 3, 2021, was not measured and documented in writing as required.

A staff member stated that the temperatures were measured and documented in writing once a day, whether in morning or in the afternoon between 12 p.m. and 5 p.m. from May 15, 2021 to August 3, 2021 for the following areas:

- only one resident bedroom from the first, second and third floor,
- each lounge designated as the cooling areas from the first, second and third floor, and
- each resident common areas which are the dining room and the corridor from the lower level and at the desk area in the corridor from the first, second and third floor.

The Environment Manager validated that the licensee "Quality Control Temperature Humidex" sheets indicated that the temperatures were measured and documented in writing once a day on May 15-19, 21-30, 2021, June 1, 2, 5-9, 11-16, 18-20, 22-30, July 1-22, 25, 29-31, 2021, and August 1, 2, 3, 2021 for the following areas:

- only one resident bedrooms on the first, second and third floor,
- every designated cooling areas in the home, and
- all resident common areas.

The temperature was not measured and documented on May 20, 31, 2021, June 3, 4, 10, 17, 21, 2021 and July 23, 24, 26-28, 2021.

There was a risk to resident comfort and safety when the temperatures were not measured and documented in the specified areas of the home during the required time frames.

Sources: Review of the licensee "Quality Control Temperature Humidex" sheets and interviews with a staff member and the Environmental Manager. [s. 21. (2) 1.]

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 the temperature is measured and documented in writing, at a minimum in the following areas of the home:

- 1. at least two resident bedrooms in different parts of the home,***
- 2. in one resident common area on every floor of the home, which may include a lounge, dining area or corridor,***
- 3. in every designated cooling area, and***

to ensure that the temperature 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, to be implemented voluntarily.

Issued on this 17th day of September, 2021

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

Original report signed by the inspector.