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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l’inspection	Log # / No de registre	Type of Inspection / Genre d’inspection
Apr 21, 2022	2022_882760_0011	018242-21, 018254-21, 004310-22, 004765-22, 004809-22	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Sherwood Court Long Term Care Centre
300 Ravineview Drive Maple ON L6A 3P8

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

JACK SHI (760), LUCIA KWOK (752)

Inspection Summary/Résumé de l’inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 29, 30, 31, 2022.

The following intakes were completed in this complaints inspection:

Two logs were related to wound care and allegations of staff to resident neglect;
Two logs were related to availability of supplies in the home;
A log was related to nutrition and hydration.

During the course of the inspection, the inspector(s) spoke with Recreational Aides (RA), the Infection Prevention and Control (IPAC) Manager, a Private Caregiver, Dietary Manager, Dietary Aide/Cook, Registered Dietitian (RD), a Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), a Personal Support Workers (PSW) Student, the Associate Director of Care (ADOC) and the Director of Care (DOC).

During the course of the inspection, the inspector toured the home, observed Infection Prevention and Control (IPAC) practices, observed care activities on the units, reviewed relevant policies and procedures and reviewed resident records.

The following Inspection Protocols were used during this inspection:
Dining Observation
Food Quality
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Recreation and Social Activities
Skin and Wound Care

During the course of this inspection, Non-Compliances were issued.
6 WN(s)
6 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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. 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 failed to ensure that a measure within Directive #3 was followed.

As per Directive #3 issued on December 17, 2021 along with the revised version issued on March 14, 2022, homes are required to perform IPAC audits at a minimum of two weeks when they are not in outbreak and weekly if they are. The home was in an outbreak from December 2021 to February 2022.

A review of these audits indicated that the following weeks did not have audits performed:
- A week in January 2022, during the home’s outbreak
- A week in February 2022, when the home was not in outbreak

The IPAC Manager was unable to provide the inspector with these missing audits and stated they were not done. Failure to perform regular audits as indicated within Directive #3 may result in missed opportunities to implement changes to the home’s IPAC program and/or practices.

Sources: Review of the home’s IPAC audits from Public Health Ontario (PHO); Interview with the IPAC Manager. [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 O.Reg 79/10, s. 65. Recreational and social activities program

Specifically failed to comply with the following:

s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,
(a) the provision of supplies and appropriate equipment for the program; O. Reg. 79/10, s. 65 (2).
(b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends; O. Reg. 79/10, s. 65 (2).
(c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests; O. Reg. 79/10, s. 65 (2).
(d) opportunities for resident and family input into the development and scheduling of recreation and social activities; O. Reg. 79/10, s. 65 (2).
(e) the provision of information to residents about community activities that may be of interest to them; and O. Reg. 79/10, s. 65 (2).
(f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the programming activities in the home were implemented and offered to residents as per the schedule.

A complaint was brought forward to the Ministry of Long-Term Care (MLTC) indicating concerns over recreational activities that were not occurring in the home. The inspector had found a sign in one of the home's nursing station that stated, “Due to staff illness, today's scheduled program will be canceled, apologize for the inconvenience". A Recreational Aide (RA) indicated that there were periods in the recent past that there were programming activities in the home that were not happening due to staff absences and as a result, the home's calendar of programming was not being followed through. The administrator stated that it would not be appropriate for activity programs to be cancelled due to staff absences and the program manager should be available to cover, if there is no RA available to work. Failure to provide residents with recreational activities may result in a reduced quality of life.

Sources: Signage posted by a nursing station; Interview with an RA, the Administrator and other staff. [s. 65. (2) (b)]

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 program includes (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 68. Nutrition care and hydration programs

Specifically failed to comply with the following:

s. 68. (2) Every licensee of a long-term care home shall ensure that the programs include,
(a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(b) the identification of any risks related to nutrition care and dietary services and hydration; O. Reg. 79/10, s. 68 (2).
(c) the implementation of interventions to mitigate and manage those risks; O. Reg. 79/10, s. 68 (2).
(d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and O. Reg. 79/10, s. 68 (2).
(e) a weight monitoring system to measure and record with respect to each resident,
(i) weight on admission and monthly thereafter, and
(ii) body mass index and height upon admission and annually thereafter. O. Reg. 79/10, s. 68 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure the implementation of dietary interventions to mitigate the nutrition risk for a resident.

A resident was identified at nutrition risk. The resident’s care plan provided specific information about their nutritional intake.

Inspector #752 observed the resident being provided fluids during their meals, but this did not match with their care plan.

The Registered Dietitian (RD) indicated that staff did not provide the resident with the amount of fluids as specified in their care plan as per the home's expectation.

There was potential risk to the resident’s nutritional status when staff did not follow the interventions as per their care plan.

Sources: Observation made during the inspection; Interviews with the RD; a resident’s care plan. [s. 68. (2) (c)]

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 programs include, (a) the development and implementation, in consultation with a registered dietitian who is a member of the staff of the home, of policies and procedures relating to nutrition care and dietary services and hydration; (b) the identification of any risks related to nutrition care and dietary services and hydration; (c) the implementation of interventions to mitigate and manage those risks; (d) a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration; and (e) a weight monitoring system to measure and record with respect to each resident, (i) weight on admission and monthly thereafter, and (ii) body mass index and height upon admission and annually thereafter, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that planned menu items were offered and available at each meal and snack.

A number of complaints were lodged to the Ministry of Long-Term Care (MLTC) related to food production and supply in the home.

Inspector #752 reviewed the home’s complaints binder and noted that a number of complaints were submitted to the home related to planned menu items not made available at meals on two different occasions.

a) In one complaint, the home received an email because one of the vegetable options and both dessert options were not available at the dinner service. The posted menu documented that peas and carrots, cherry pie and citrus cups were the choices available. However, the family member documented that broccoli, apricots and a cookie were served.

b) In another complaint, the home received an email regarding puree sweet potatoes not being available and instead the residents were served regular mashed potatoes. The Dietary Manager (DM) stated that the posted menu for that day was sweet potato wedges for the regular texture and pureed sweet potatoes for the modified texture.

The DM stated that a casual dietary aide and the former cook worked on one of the days that the complaint was raised, and a corporate chef provided coverage on the other date. The DM stated that all staff were well trained in the home’s policies and procedures, and recipes. The DM stated that there was an adequate supply for foods in the storage to prepare as per the planned menu. Through the home’s investigation, the DM acknowledged that foods were not served to residents as per the planned menu on both days.

The residents were negatively impacted as they were not provided with the planned menu items to meet their nutritional needs.

Sources: Pertinent records from the home’s complaints binder; Interview with the DM. [s. 71. (4)]

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 planned menu items are offered and available at each meal and snack, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
6. Food and fluids being served at a temperature that is both safe and palatable to the residents. O. Reg. 79/10, s. 73 (1).

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that food and fluids were served at a temperature that were both safe and palatable to the residents.

The York Region Public Health Danger Zone food temperature reference document in the first floor servery binder outlined that cold food items were to be kept cold at 4 degree Celsius (°C) or lower.

The home’s Servery food temperature policy, last revised January 2018, indicated that prior to meal service, the dietary aide was responsible to record all temperatures of foods and to take corrective actions if temperatures were outside of the acceptable range. After completing the corrective action, the DA was to retake and record food temperature under the corrective action column and initial.

Prior to lunch service, the food temperature record on the first floor servery documented that the cold salmon sandwich was at 5 °C. A Dietary aide (DA) stated that 5 °C was within the acceptable range for cold foods and the sandwich was served after the temperature was taken.

The Dietary Manager (DM) stated the expectation was for staff to take the appropriate corrective action, retake and document the temperature prior to service. The DM acknowledged that there was no documentation of the retaken temperature.

There was potential risk for foodborne illness to residents as the cold entrée was not served at the safe food temperature.

Sources: Observation made during the inspection; Interviews with a DA, the DM; York Region Public Health danger zone reference document, Servery food temperature policy, last revised January 2018. [s. 73. (1) 6.]

2. The licensee has failed to ensure that proper techniques were used to assist resident who required assistance.

Inspector #752 observed that during nourishment pass, a student Personal Support Worker (PSW) and a PSW provided feeding assistance to two residents while standing up and not at eye level to the residents. Both residents were observed to be stretching their necks up to receive their nourishment. There were multiple wheeled stools in the area.

The DM stated the expectation was for staff to be seated at eye level with the residents when providing feeding assistance to promote comfort and safety.

There was potential risk of choking for the residents when staff did use to the correct positioning and techniques when providing feeding assistance.

Sources: Observation made during the inspection; Interviews with the DM, a student PSW and a PSW. [s. 73. (1) 10.]

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 has a dining and snack service that includes, at a minimum, the following elements: 6. Food and fluids being served at a temperature that is both safe and palatable to the residents, to ensure that the home has a dining and snack service that includes, at a minimum, the following elements: 10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff of the home followed the home’s infection prevention and control (IPAC) program.

Observations were made throughout the home during the course of the inspection and noted the following:

- Staff members on various resident units were providing residents with wet wipes prior to serving their lunch. The inspector observed that the product used did not contain any alcohol content in it. According to Public Health Ontario (PHO), hand hygiene is defined as the removal or killing of transient microorganisms from the hands and can be accomplished by using an alcohol-based hand rub or soap and running water. The IPAC Manager attempted to explain to the inspector that staff were providing a form of hand hygiene to residents and was unaware of the product that was used had no alcohol content in it. The IPAC Manager was unable to identify that it was not appropriate that the hand hygiene was being performed using wet wipes without alcohol or disinfecting content in it, until the inspector had intervened.
- A dietary aide was found in the servery with their surgical mask worn below their chin. A private caregiver was seen with their mask removed while sitting inside a resident’s room, with the resident presently there. The IPAC Manager stated that the home’s face mask policy indicates that the staff can remove their face masks only in designated break areas.
- A resident was on precautions. The resident was observed sitting outside of their room. The resident was eventually wheeled back to their room after it was brought to the staff’s attention. The IPAC Manager stated that residents are to stay in their room for isolation, if they on precautions. The IPAC Manager added that interventions can be provided if they are having difficulty isolating in their room.

The observations demonstrated that there were inconsistent IPAC practices performed by staff of the home. By not adhering to the home's IPAC program, there could be possible transmission of infectious agents.

Sources: Interviews with the IPAC Manager and other staff; Observations in various home areas during the inspection. [s. 229. (4)]

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 all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 21st day of April, 2022

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

Original report signed by the inspector.