

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Wendy Lewis
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	001478-18, 001770-18, 003437-18, 008997-18, 012915-18, 023311-18, 001143-19
Original Inspection #:	2019_739694_0008
Licensee:	Southampton Care Centre Inc. c/o Jarlette Health Services, 711 Yonge Street, MIDLAND, ON, L4R-2E1
LTC Home:	Southampton Care Centre 140 Grey Street, Southampton, ON, N0H-2L0
Name of Administrator:	Brenda Ohm

Background:

Ministry of Long-Term Care (MLTC) Inspector #694 conducted an inspection at Southampton Care Centre (LTC Home) on the following dates: May 2, 3, 6, 7, 8, 9, 10, 14, and 15, 2019 (Inspection #2019_739694_0008). The inspection was a complaint inspection.

During the inspection, Inspector #694 found that Jarlette Health Services Inc. (the Licensee) failed to comply with subsection 44 (7) of the Long-Term Care Homes Act, 2007 (LTCHA).

Based on the non-compliance, the Inspector issued Compliance Order #003. Specifically, pursuant to s. 153(1)(a) of the LTCHA, Inspector #694 issued the following Compliance Order:

Specifically, pursuant to s. 153(1)(a) of the LTCHA, Inspector #694 issued the following:
 The licensee must be compliant with s. 44 (7) of the LTCHA.

Specifically, the licensee must:

a) Ensure that applicants to the home are not refused admission unless there is sufficient evidence to validate refusal, as provided for in the LTCHA:

- i) The home lacked the physical facilities necessary to meet the applicant's care requirements;
- ii) The staff of the home lack the nursing expertise necessary to meet the applicants care requirements; or
- iii) Circumstances exist which were provided for in the regulations as being a ground for withholding approval.

b) Ensure that when a resident is refused admission, a detailed explanation in writing as to why the resident was refused is provided to the resident and/or their Substitute Decision Maker (SDM).

Order #:	003
-----------------	-----

To **Southampton Care Centre Inc.**, you are hereby required to comply with the following order by the date set out below:

Pursuant To:

LTCHA, 2007 S.O. 2007, c.8, s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant’s admission to the home unless,
 (a) the home lacks the physical facilities necessary to meet the applicant’s care requirements;
 (b) the staff of the home lack the nursing expertise necessary to meet the applicant’s care requirements; or
 (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).

Order:

Director’s Order #001 is being made pursuant to section 153(1)(a) of the LTCHA.

1. The licensee must immediately contact the placement coordinator at the appropriate LHIN to request the most recent assessments for applicants #005 and #017, if they are still choosing admission to Southampton Care Centre.
2. The licensee must review the most recent assessments mentioned in #1 and not withhold admission for Applicant #005 and Applicant #017 unless as specified by the legislation.

Grounds:

The licensee has failed to take into account the assessments and information under subsection 43(6) and approve the applicants’ admission to the home unless:

- a) the home lacks the physical facilities necessary to meet the applicant’s care requirements;
- b) the staff of the home lack the nursing expertise necessary to meet the applicant’s care requirements; or
- c) circumstances exist which are provided for in the regulations as being a ground for withholding approval.

This inspection was initiated related to complaints received by the Ministry of Long-Term Care (MLTC) as they related to applications for admission to the home being withheld by the licensee.

1. Applicant #005 had been deemed eligible for admission to long-term care as a long stay resident by the placement coordinator at the Local Health Integration Network (LHIN) on November 10, 2017.

On May 6, 2019 during an interview with the Administrator they told the Inspector that they were responsible for reviewing all applications, making the decisions and sending any correspondence that is required.

On May 9, 2019 during an interview with the complainant, they told the Inspector that the applicant had been a resident in the home previously for a respite stay for one month in 2017. During their stay at the home, the resident suffered a psychotic episode and the substitute decision maker (SDM) believed the episode was a result of multiple factors, including a strange new environment, an infection and the fact that they were unable to visit because they had been hospitalized during that time. The SDM said this was not a “true” picture of their spouse. The SDM further stated that their daughter, who was a physician specialist, felt that the resident was in a delirium that was not managed appropriately while the resident was in the home.

On May 15, 2019 during a second interview with the Administrator, they told the Inspector that they withheld the admission of Applicant #005 because they had a psychotic episode in 2017, during a respite stay at the home and that the

Behavioural Support Ontario (BSO) team recommended an assessment on the psychogeriatric unit, but that the resident was transferred to another long-term care home because a long stay bed became available.

Resident #005's progress notes were reviewed for the one month period of his respite stay. The health recorded indicated that the resident appeared to be adjusting well initially. On one evening during 2017, the resident suffered a fall and told the staff they hit their head. The following day, the resident started to become agitated. Their behaviours began to escalate in the days that followed. Seven days later, the physician was informed of the resident's behaviours and ordered antibiotics to treat an infection, that although present the week before, was not symptomatic. The progress notes further identified that the resident was unable to return to their previous home and there were no available long stay beds at Southampton Care Centre. As a result, Resident/Applicant #005 was placed on the crisis list by the placement coordinator and was transferred to another LTC home an hour away. The resident remained on the long stay waitlist at Southampton Care Centre.

An MDS assessment was completed for Resident #005. This assessment was completed by Southampton Care Centre registered staff during the resident/applicant's respite stay. The assessment confirmed the diagnoses of a type of dementia and a movement disorder.

The assessment identified that the resident had behaviours consistent with a diagnosis of the specific type of dementia.

A care plan in place at the time of the resident's respite stay indicated they were being monitored for delirium with the goal to decrease symptoms. The problem statement indicated an "Acute" confusional state related to changes in consciousness, disorientation, environmental awareness and behaviours related to relocation and an infection. Interventions in place included referral to internal and external BSO teams, Watch Mate alarm to prevent elopement and speaking in a calm, low pitched voice.

Eleven days following the resident's discharge from respite care at Southampton Care Centre, the Administrator sent a letter to the applicant's SDM stating that they were withholding approval for admission of Applicant #005 as a long stay resident because the home lacked the nursing expertise necessary to safely meet the applicant's needs. The letter further stated the applicant had been exhibiting behaviours/confusion, agitation and non-compliance with taking their medication and had been transferred to the hospital for treatment.

The letter said that unless the applicant was assessed on the psychogeriatric unit they would not accept them, but that they hoped the placement coordinator could find the applicant another long-term care home that could meet their needs.

In a complaint letter sent to the home, the SDM stated that the applicant had to be removed from their home town, depriving him of visitors and supports from his community, only to move to another home in another community that provided no greater level of care than Southampton Care Centre. In addition, the SDM had to relocate, following two major surgeries, to be with their spouse.

On July 8, 2019, during a discussion with the Inspector, the SDM indicated that they now live in a hotel off and on in the community where their spouse was admitted almost two years ago.

2.Applicant #017 had been deemed eligible for admission to long-term care by the placement coordinator at the Local Health Integration Network (LHIN) in 2018 and applied to three homes, one being Southampton Care Centre. A Behavioural Assessment Tool (BAT) was completed for Applicant #017. The BAT was dated as completed September 2018 while in the applicant was in the hospital awaiting placement in a LTC home and indicated the following information:

? Refuses care from PSWs occasionally, but usually complies. Behaviour

occurs less than once per week.
? Potential aggressive behaviours if resident is confronted by another resident with behaviours. Behaviour occurs less than once per week.
? Staff cuing for toileting to prevent inappropriate voiding/bowel movements. No frequency provided.
? In-house Behaviour Support Ontario (BSO) following; may consider BSO Outreach if required.
On May 9, 2019 during an interview with the Administrator they told the Inspector that the decision to withhold admission for this applicant was based on high risk for elopement. They further said that they had many residents that were exit seeking and already had one resident receiving one to one staffing for elopement and would blow past and push people trying to exit as well as another couple of residents on one to one and did not have enough staff to keep him and the other residents safety. The applicant wandered in to rooms and was aggressive and had to be medicated.

In October 2018 the Administrator sent a letter to the applicant stating that they were withholding admission because the home lacked the nursing expertise required to safely meet their needs. The letter further states that the applicant is a risk for elopement and they already have several residents receiving one to one care for this and other reasons. The applicant's history of rummaging through others' belongings could be a potential risk to them and others. The Inspector identified that the LTC home had access to High Intensity Needs (HIN) funding from the Ministry of Health and Long-Term Care (MOHLTC) and was using it at the time of the inspection for another resident with behaviours. The home had internal and external Behavioural Support Ontario (BSO) teams, use of wander-guard banners to deter residents from wandering into other resident rooms, a Watch Mate alarm system as well as approximately 10 residents' pictures posted at the front entrance of the home, advising visitors to not let the resident leave the building. This does not support the LTC home's conclusion that it does not have the nursing expertise necessary to meet the care needs of the specific applicants
The application of factors taken into account under section 299 (1) of Ontario Regulation 79/10, requires a Compliance Order to be issued. The severity of the issues is a level 2 because the refusal of applicants could pose a risk of potential harm and have a negative impact on the applicants' quality of care and quality of life; scope is a level 2 is a pattern in that there are two applicants whose applications to Southampton Care Centre were withheld for reasons other than those which are provided for in the LTCHA.

This order must be complied with by:	September 24, 2019
---	--------------------

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 27th day of August, 2019	
Signature of Director:	
Name of Director:	Wendy Lewis