

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Apr 28, 2022	2021_962753_0004 (A3)	019146-21	Critical Incident System

Licensee/Titulaire de permis

Regional Municipality of Waterloo
150 Frederick Street Kitchener ON N2G 4J3

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

Sunnyside Home
247 Franklin Street North Kitchener ON N2A 1Y5

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

Amended by KIM BYBERG (729) - (A3)

Amended Inspection Summary/Résumé de l'inspection modifié

Director rescinded order; finding related to s.8 (1) to be removed

Issued on this 28th day of April, 2022 (A3)

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

Original report signed by the inspector.

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Sunnyside Home
247 Franklin Street North Kitchener ON N2A 1Y5

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

Amended by KIM BYBERG (729) - (A3)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): December 16-17, 20-23, 2021.

The following intake was completed during this critical incident (CI) inspection:

Log # 019146-21 related to the unexpected death of a resident.

During the course of the inspection, the inspector(s) spoke with the Coroner, Director of Care (DOC), Assistant DOC, Food and Environmental Services Manager, Food Services Supervisor, Infection Prevention and Control Lead, Registered Dietitian (RD), Registered Nurses (RN), Registered Practical Nurses (RPN), Residents, Resident Home Aides (RHA), Food Service Aides (FSA), Personal Support Workers (PSW), and Security.

The inspector(s) also toured the home, observed infection prevention and control practices, dining, and staff to resident care provisions, and reviewed pertinent documentation.

The following Inspection Protocols were used during this inspection:

**Infection Prevention and Control
Nutrition and Hydration**

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

**2 WN(s)
0 VPC(s)
2 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 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 :

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durée**

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program (IPAC) related to screening staff upon entering the home and resident hand hygiene before and after meals and snacks.

a) The home's Hand Hygiene Policy (policy #6-41) showed that staff were to provide education to residents on the importance of hand hygiene, when and how to do so, and also assist resident's with performing hand hygiene if they were unable to do so independently.

The inspectors observed meal and snack service in three resident home area's (RHA). Staff did not remind, encourage or assist approximately fifty out of fifty residents with performing hand hygiene, before or after meals and snacks on three RHA's.

The home's expectation was that all residents were to be encouraged and/or assisted with hand hygiene before eating.

Not ensuring staff were reminding, encouraging or assisting residents with hand hygiene before or after meals and snacks put staff, visitors, and residents at increased risk of disease transmission.

Sources: Observations on December 16-17, 22-23, 2021, Hand Hygiene policy #6-41 (last revised February 20, 2021), resident interviews, interview with IPAC Lead and other staff. (#753, #705751)

b) A staff member did not actively participate in COVID-19 screening when they walked by the security guard and stated "no to all questions", before proceeding into the home. Security did not stop the staff member from entering.

Security acknowledged that it was their responsibility to ensure that all staff entering the home answered each question individually.

Failure of the home's staff to conduct and participate in active screening for COVID-19 signs and symptoms put residents, staff, and others at potential risk of disease transmission.

Sources: Observations on December 22-23 2021, Sunnyside COVID-19

Guidance Document (3574208), interview with the Security Guard and other staff.
[s. 229. (4)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A3)

The following Non-Compliance has been Revoked / La non-conformité suivante a été révoquée: WN #2

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Issued on this 28th day of April, 2022 (A3)

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by KIM BYBERG (729) - (A3)

**Inspection No. /
No de l'inspection :** 2021_962753_0004 (A3)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 019146-21 (A3)

**Type of Inspection /
Genre d'inspection :** Critical Incident System

**Report Date(s) /
Date(s) du Rapport :** Apr 28, 2022(A3)

**Licensee /
Titulaire de permis :** Regional Municipality of Waterloo
150 Frederick Street, Kitchener, ON, N2G-4J3

**LTC Home /
Foyer de SLD :** Sunnyside Home
247 Franklin Street North, Kitchener, ON, N2A-1Y5

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Julie Wheeler

To Regional Municipality of Waterloo, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

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

Order / Ordre :

The licensee must be compliant with s. 229. (4) of the LTCHA, 2007.

Specifically, the licensee must:

A) Ensure that all staff participate in the implementation of the infection prevention and control program.

B) Provide education and retraining to all direct care staff on the home's Hand Hygiene Policy (#6-41) to ensure all staff encourage and/or assist residents to perform hand hygiene before and after meals and snacks.

C) Ensure hand hygiene audits are conducted daily on each unit to ensure that staff are complying with the home's Hand Hygiene policy related to resident hand hygiene at meals and snacks. The audits should be completed for a period of three months and include the date of the review, the person responsible, and actions taken, if any, must be documented.

D) Provide education and retraining to the home's COVID-19 Surveillance Screening Staff for ensuring that all staff entering the home actively participate in the screening process. Management are to be informed of those that do not actively participate in the screening process. Document the education including the date provided, who it was provided by, who attended, and the content of the education.

Grounds / Motifs :

1. The licensee has failed to ensure that staff participated in the implementation of

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

the infection prevention and control program (IPAC) related to screening staff upon entering the home and resident hand hygiene before and after meals and snacks.

a) The home's Hand Hygiene Policy (policy #6-41) showed that staff were to provide education to residents on the importance of hand hygiene, when and how to do so, and also assist resident's with performing hand hygiene if they were unable to do so independently.

The inspectors observed meal and snack service in three resident home area's (RHA).vStaff did not remind, encourage or assist approximately fifty out of fifty residents with performing hand hygiene, before or after meals and snacks on three RHA's.

The home's expectation was that all residents were to be encouraged and/or assisted with hand hygiene before eating.

Not ensuring staff were reminding, encouraging or assisting residents with hand hygiene before or after meals and snacks put staff, visitors, and residents at increased risk of disease transmission.

Sources: Observations on December 16-17, 22-23, 2021, Hand Hygiene policy #6-41 (last revised February 20, 2021), resident interviews, interview with IPAC Lead and other staff. (#753, #705751)

b) A staff member did not actively participate in COVID-19 screening when they walked by the security guard and stated "no to all questions", before proceeding into the home. Security did not stop the staff member from entering.

Security acknowledged that it was their responsibility to ensure that all staff entering the home answered each question individually.

Failure of the home's staff to conduct and participate in active screening for COVID-19 signs and symptoms put residents, staff, and others at potential risk of disease transmission.

Sources: Observations on December 22-23 2021, Sunnyside COVID-19 Guidance Document (3574208), interview with a Security Guard other staff.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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foyers de soins de longue durée*, L.O.
2007, chap. 8

An order was made by taking the following factors into account:

Severity: The licensee not ensuring that staff followed the home's IPAC policies and procedures posed potential risk of infectious disease transmission to residents, visitors, students and staff.

Scope: This non-compliance was widespread as it impacted all of the residents observed in the home.

Compliance History: The licensee continues to be in non-compliance with O. Reg. 79/10, s. 229 (4) of the Long-Term Care Home Act. A Voluntary Plan of Correction related to s. 229 (4) was issued March 11, 2021 (inspection #2021_796754_0006). One previous Compliance Order was issued to the home in the past 36 months.
(753)
(705751)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Mar 17, 2022

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

(A2)(Appeal/Dir# DR# 161)

**The following order(s) have been rescinded / Le/les ordre(s) suivants ont été
annulés:**

Order # / 002 **Order Type /**
No d'ordre : **Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order/
Lien vers ordre existant :**

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
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.

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section 154 of the *Long-Term
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2007, c. 8

Ordre(s) de l'inspecteur

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

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foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 28th day of April, 2022 (A3)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by KIM BYBERG (729) - (A3)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**Service Area Office /
Bureau régional de services :**

Central West Service Area Office