

**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

Public Copy/Copie 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
Jun 16, 2021	2021_717622_0012	003127-21, 004460-21, 005842-21, 007568-21, 007737-21, 008209-21	Critical Incident System

Licensee/Titulaire de permis

Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its partners, Arch Long Term Care GP Inc. and Arch Capital Management Corporation
161 Bay Street Suite 2100 Toronto ON M5J 2S1

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

Perth Community Care Centre
101 Christie Lake Road, R. R. #4 Perth ON K7H 3C6

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

HEATH HEFFERNAN (622), MARK MCGILL (733)

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): May 21, 25, 26, 27, 28, 31, 2021 and June 1, 2, 3, 4, 8, 9, 2021.

The following intakes were completed during this critical incident inspection:

Log #007737-21, Log #004460-21, 007568-21 related to alleged resident to resident abuse.

Log #005842-21, Log #003127-21, 008209-21 related to falls with injuries resulting in transfers to the hospital.

NOTE: A Written Notification and Voluntary Plan of Correction related to LTCHA, 2007, c. 8, s. 6 (7). was identified in a concurrent inspection #2021_717622_0013 (Log # 008444-21) and issued in this report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Environmental Services Coordinator, Maintenance Coordinator, Admin/Director of Care/IPAC lead, Physiotherapist (PT), Registered Nurses (RN)s, Registered Practical Nurses (RPN)s, Personal Support Workers (PSW)s and the residents.

Also during the course of the inspection, the inspectors reviewed resident health records (progress notes, physician orders, psychogeriatric assessments, care plans, post fall assessments), licensee policies specific to: #INF 07-02-02 - Visitors Policy Long-Term Care During COVID-19 Pandemic - dated May 14, 2021 , #INF 07-08-01 - COVID-19 PCR Testing and Antigen Testing Policy and Access to the Home - dated May 26, 2021, # INF-07-06-04 - Occupational Health and Covid -19 Vaccination Program for Employees - dated April 5, 2021, #05-02-01 - Falls - Resident dated revised March 2021, safety data sheets and made observations of resident care and services.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home**

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

2 WN(s)

2 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the falls prevention plan of care was provided to a resident as specified in the plan.

On a date in May 2021, a resident fell while trying to take themselves to the washroom.

The plan of care stated that the resident required a specific falls prevention intervention.

On June 3, 2021, a Personal Support Worker (PSW) stated that the resident did not have the specific falls prevention intervention in place when they fell on the date in May 2021.

On June 3, 2021, inspector #622 and a Registered Practical Nurse (RPN) observed the resident in their bed without the specific falls prevention intervention in place.

SOURCES: review of health records including the care plan, observation of resident care and services, interview of a PSW and other staff. [s. 6. (7)]

2. Inspection #2021_717622_0013/ Log # 008444-21

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

The resident was prescribed a medicated ointment to be applied twice daily.

A review of the electronic treatment administration record (eTAR) indicated that the resident's medicated ointment was not documented as administered on a date in May 2021.

On June 4, 2021, the Registered Nurse (RN) stated that the resident did not have their medicated ointment applied on the date in May 2021.

Sources: eMAR/TAR for resident, interview with the RN. [s. 6. (7)]

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 care set out in the plan of care is provided to the residents as specified in the plan, to be implemented voluntarily.

**WN #2: 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that the temperature was measured and documented in writing for at a minimum at least two resident bedrooms in different parts of the home.

A review of the licensee's ambient room temperature log for the long-term care home indicated that temperatures were measured and documented on June 9, 2021 at 1045

hours for one resident bedroom on first floor, no other resident bedroom air temperatures had been measured and documented up to and including that date.

On June 9, 2021, the Director of Care (DOC) stated that air temperatures were not being measured and documented for at least two resident bedrooms within different parts of the home.

Sources: Review of the licensee's ambient room temperature log and interview of the DOC and other staff. [s. 21. (2) 1.]

2. The licensee has failed to ensure that the temperature was measured and documented in writing, at a minimum in one resident common area on every floor of the home.

A review of the licensee's ambient room temperature logs for the home indicated that temperatures were measured and documented on June 9, 2021 at 1045 hours for one common resident area at the nursing station, no other resident common area temperatures had been measured and documented up to and including that date.

On June 9, 2021, the DOC stated that air temperatures were not being measured and documented for a minimum of one resident common area on every floor of the home.

Sources: Review of the licensee's ambient room temperature logs and interview of the DOC and other staff. [s. 21. (2) 2.]

3. The licensee has failed to ensure that the temperature was measured and documented in writing at a minimum in every designated cooling area in the home.

There was no documentation to support that temperatures were measured and documented for every designated cooling area in the home.

On June 9, 2021, the DOC stated that air temperatures were not being measured and documented for every designated cooling area within the home.

Sources: Review of the licensee's ambient room temperature revised May 2021 and interview of the DOC and other staff. [s. 21. (2) 3.]

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. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.***
- 3. Every designated cooling area, if there are any in the home, to be implemented voluntarily.***

Issued on this 18th day of June, 2021

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

Original report signed by the inspector.