Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa ON K1S 3J4
Telephone: 1-877-779-5559
OttawaSAO.moh@ontario.ca

Original Public Report

Report Issue Date June 28, 2022
Inspection Number 2022_1014_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
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.
Long-Term Care Home and City
Perth Community Care Centre, Perth, Ontario.

Lead Inspector
Heath Heffernan (622)

Additional Inspector(s)
Cheryl Leach (719340)

Inspector Digital Signature
Heath Heffernan
Digitally signed by Heath Heffernan
Date: 2022.06.30 13:55:20 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 26, 27, 28, 29, 2022 and May 2, 2022

The following intake(s) were inspected:

Intake log # 003227-22 (CIS # 0962-000008-22) related to an injury that caused a significant change in health status.

The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was ***remedied*** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 [s.102. (8)]

On April 26, 2022, five resident rooms were observed to have contact precaution signs in place, rather than the required Contact/Droplet precaution signs, and two resident rooms did not have any precaution signs.
The Regional Clinical Representative stated that all residents in the home were on Contact/Droplet precautions due to the Covid-19 outbreak. The home did not comply with the Additional Precautions and Types of Isolation policy which stated that Contact/Droplet precautions STOP signage if applicable, should be on the resident room.

On April 27, 2022, it was reported by the Director of Care that all of the contact precaution signs on resident room doors had been replaced with Contact/Droplet precaution signs and Contact/Droplet precaution signs had been placed on the resident room doors that were noted to be missing a precaution sign. On April 27, 2022, during the Infection Prevention and Control (IPAC) tour, it was observed that all of the Contact/Droplet signs were in place on the resident room doors that were initially identified as having incorrect precaution signage or no signage at all. Also on April 29, 2022, Inspectors #622 and #719340, observed that Contact/Droplet precaution signs were on every resident room door observed.

Date Remedy Implemented: April 27, 2022 [Cheryl Leach 719340]

COMPLIANCE ORDER CO#001 PLAN OF CARE

NC#002 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: LTCHA, 2007, s. 6 (7).

The Inspector is ordering the licensee to:
FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]
The Licensee has failed to comply with LTCHA, 2007, s. 6 (7). The licensee shall: - develop a list of all residents who have the specific identified intervention to minimize the resident's risk of injury related to falls in their plan of care.

- communicate the list to all nursing staff at each shift report on each resident home area for a period of two weeks.

- keep a documented record of each communication including the date and time that the communications occurred and a signature list for all staff who attended.

- perform weekly audits on every shift for a period of three weeks to ensure that the specific identified intervention to minimize the resident's risk of injury related to falls is being complied with.

- keep a documented record of the audits and any corrections made during the audit process.

Grounds

Non-compliance with: LTCHA, 2007, s. 6 (7).

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.

Rationale and Summary

A review of the progress and risk management notes on point click care indicated a resident fell and sustained an injury. The resident was transferred to the hospital, returned to the home, and passed away the following day.

The falls prevention plan of care on point click care identified interventions to minimize the resident's risk of injury related to falls.

During an interview, the Registered Nurse (RN) confirmed that the resident fell after a Registered Practical Nurse (RPN) administered a treatment and had not followed one of the falls prevention plan of care interventions.

The Director of Care (DOC) stated that the resident had a significant change in health status and was transferred to the hospital.

The RPN should have ensured that the falls prevention plan of care intervention was followed.

Sources: the resident's plan of care, Risk Management notes, interview with the Registered Nurse and other staff.

Heath Heffernan [622]

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This order must be complied with by August 11, 2022

COMPLIANCE ORDER CO#002 INFECTION PREVENTION AND CONTROL PROGRAM

NC#003 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 102. (8)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 102. (8)

The licensee shall:

-Provide education to the three Registered Practical Nurses (RPNs), one Personal Support Worker and the visitor identified within the grounds of this order on the Infection Prevention and Control (IPAC) Universal Masking and proper use of PPE policies and procedures; and

-Document the education including the date and the staff member who provided the education.

-Perform weekly audits on the three Registered Practical Nurses (RPNs), one Personal Support Worker and the Visitor to ensure they are adhering to IPAC Universal Masking and proper use of PPE policies and procedures for 4 weeks: and

- keep a documented record of the audits and any corrections made during the audit process.

Grounds

Non-compliance with: O. Reg. 246/22 s. 102. (8).

The licensee has failed to ensure that all staff participate in the implementation of the Infection Prevention and Control program.

Rationale and Summary

On April 26, 2022:
A Registered Practical Nurse (RPN) was observed wearing their medical mask improperly while at the medication cart on an outbreak unit.
A second RPN was observed to be wearing a medical mask under their N95 mask.

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A Personal Support Worker (PSW) was observed wearing their medical mask improperly while in a resident room.
A visitor was observed wearing their medical mask improperly and not wearing eye protection while in a resident room.

On April 29, 2022, a third RPN was observed to be wearing a medical mask under their N95 mask. The staff and visitor did not comply with the Universal Mask and Eye Protection Policy During Covid-19 policy which stated all staff and visitors must wear a medical mask and eye protection in the home if within 2 meters of another person and applies for the entire shift or the entire visit or the Donning of PPE during Covid-19 which stated the proper N95 application.

On April 26, 2022, the PSW and the visitor were observed in a resident room without the appropriate PPE in use. The staff and visitor did not comply with Additional Precautions and Types of Isolation policy which stated the required PPE for Contact/Droplet precautions to be gown, gloves, and mask.

Sources: Observations during IPAC home tours, the licensee's applicable IPAC policies and procedures; Universal Mask and Eye Protection Policy During Covid-19 (December 16, 2021), the homes Donning and Doffing during Covid-19 procedures and interviews with a PSW and other staff.

Cheryl Leach [719340]

This order must be complied with by September 2, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

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 or AMP was served on the licensee.

The written request for review must include,

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

The written request for review must be served personally, by registered mail, email or commercial courier upon:

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Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
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
email: MLTC.AppealsCoordinator@ontario.ca

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

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