

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

**Ottawa District**  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

<b>Original Public Report</b>	
<b>Report Issue Date:</b> November 14, 2023	
<b>Inspection Number:</b> 2023-1014-0005	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<b>Licensee:</b> 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	
<b>Long Term Care Home and City:</b> Perth Community Care Centre, Perth	
<b>Lead Inspector</b> Erica McFadyen (740804)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Heath Heffernan (622)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 25, 27, 30, 31, 2023 and November 1, 2, 3, 2023

The following intake(s) were inspected:

- Intake: #00099960 - Proactive Compliance Inspection

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Safe and Secure Home

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Prevention of Abuse and Neglect  
Quality Improvement  
Residents' Rights and Choices  
Pain Management  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Documentation

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

The licensee has failed to ensure that the provision of care set out in a resident's COVID-19 assessment plan of care was documented.

#### Rationale and Summary

Review of the home's outbreak line listing indicated that a resident began showing symptoms of illness and tested positive for COVID-19 on a specified date.

Review of the resident's Medication Administration Record (MAR) in two specified months, indicated that beginning on a specified date, the resident was to be assessed including their vital signs. The assessment findings were to be documented in the progress notes and signed as completed on the MAR three times daily.

There was no documentation within the MAR, or the progress notes related to a required assessment of the resident on two identified dates.

**Sources:** Outbreak line listing, a resident's health records.  
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### WRITTEN NOTIFICATION: Requirements of program

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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Non-compliance with: FLTCA, 2021, s. 23 (2) (a)

The licensee has failed to ensure that the infection prevention and control program evidence-based policies and procedures related to the Pandemic, Epidemic and Outbreak Plan were complied with.

**Rationale and Summary**

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is an Infection Prevention and Control Program in place that includes evidence-based policies and procedures that must be complied with.

Specifically, staff did not comply with the licensee's policy #06-01-01, Pandemic, Epidemic and Outbreak Plan, revised December 21, 2022, included in the licensee's Infection Prevention and Control Program.

Review of the licensee's policy #06-01-01, Pandemic, Epidemic and Outbreak Plan indicated that the Government of Ontario and Public Health directives set the base minimum for infection prevention and control standards to be followed with additional measures based on the home's specific area and Public Health recommendations.

During an interview with Inspector #622 on November 2, 2023, the Infection Prevention and Control (IPAC) Lead stated that the long-term care home was on COVID-19 outbreak. According to the licensee's policy, during an outbreak, they would follow recommendations from Public Health who gave verbal recommendations for the use of N95 masks and eye protection in all resident areas of the home.

On a specified date, Inspector #622 observed a Personal Support Worker (PSW) sitting in the hallway outside COVID-19 positive resident rooms without eye protection. Furthermore, on a second specified date, an additional PSW was observed not wearing eye protection upon exiting a resident room after providing assistance.

By staff not following recommendations from Public Health to wear eye protection in all resident areas during a COVID-19 outbreak, staff could place residents and themselves at risk for spread of the infection.

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**Sources:** Licensee's policy #06-01-01, observation of PSWs, and interview of the IPAC Lead and other staff.

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### **WRITTEN NOTIFICATION: Windows**

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 19

The licensee has failed to ensure that every window in the long-term care home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters (cm).

#### **Rationale and Summary**

During the initial tour of the long-term care home it was observed that the window in a specified resident room opened 26 cm and that the window in a second resident room opened 48cm. In an interview with the Maintenance Coordinator it was confirmed that the windows in these rooms opened greater than 15 cm.

Prior to the end of the inspection it was observed that the windows in these identified resident rooms had been modified to open not more than 15cm.

By not ensuring the windows leading to the outdoors that are accessible to residents cannot be opened more than 15cm, residents are at risk of elopement.

#### **Source**

Observation of room two resident rooms, interview with Maintenance Coordinator

[740804]

### **WRITTEN NOTIFICATION: Communication and Response System**

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 20 (d)

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The licensee has failed to ensure that the long-term care home is equipped with a resident-staff communication and response system that is available at each bed, toilet, bath and shower location used by residents.

### Rationale and Summary

During the initial tour of the long-term care home it was observed that the call bell beside a specified resident bed and the call bell in the bathroom of a specified resident room were not working. In an interview with the Maintenance Coordinator it was confirmed that the call bells in these two resident areas were not available for resident use because they were broken.

The call bells in both the identified resident bathroom and by the identified resident's bed were both noted to be in working order prior to the end of the inspection.

The risk of call bells not being available for use is that residents may not be able to summon help as required.

### Sources

Observations of room two specified resident rooms, interview with the Maintenance Coordinator

[740804]

### **WRITTEN NOTIFICATION: Drug Destruction and Disposal**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 148 (1) (a)

In accordance with O. Reg 246/22 s. 11(1)(b) the licensee is required to ensure that their written policy related to the destruction and disposal of expired drugs is complied with. The licensee did not comply with their Destruction and Disposal of Drugs policy. Specifically, the policy states that registered nursing staff in the long-term care home will check the medication storage in the home for expired medications on a regular basis and will destroy expired medications as required.

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**Rationale and Summary**

During an observation of the medication storage room it was noted that the room contained a stock supply of Dimenhydrinate, Milk of Magnesia, and Alugel, which all expired in July 2023. During an observation of the medication cart on the first floor, an open bottle of expired Alugel was noted to be in the bottom of the cart.

In an interview with an Registered Practical Nurse (RPN) it was confirmed that the Alugel in the medication cart was expired. In an interview with the Director of Care (DOC) it was stated that the long-term care home did not follow their Destruction and Disposal of Drugs policy as it related to the identification and destruction of expired medications.

The risk of not complying with the Destruction and Disposal of Drugs policy is that residents may receive expired medication.

**Sources**

Observation of the medication storage room and first floor medication cart, interviews with RPN and DOC  
[740804]



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**Inspection Report Under the  
Fixing Long-Term Care Act, 2021**

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