

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: February 6, 2024	
Inspection Number: 2024-1165-0001	
Inspection Type: Complaint Critical Incident	
Licensee: Vision '74 Inc.	
Long Term Care Home and City: Vision Nursing Home, Sarnia	
Lead Inspector Debra Churcher (670)	Inspector Digital Signature
Additional Inspector(s) Stacey Sullo (000750)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29, 30, 2024 and February 1, 2, 2024
The inspection occurred offsite on the following date(s): January 31, 2024

The following intake(s) were inspected:

- Intake: #00098420 - CIS# 2659-000037-23: Related to alleged Improper/Incompetent treatment of a resident.
- Intake: #00098753 - Complaint related to water temperature, alleged refusal of care and maintenance concerns.
- Intake: #00106261 - Complaint related to concerns that the licensee was housing international students in the long term care home.

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Falls Prevention and Management

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)

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee failed to ensure that that the home furnishings and equipment were maintained in a safe condition and in a good state of repair.

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Rational and Summary:

The Ministry of Long Term Care (MLTC) received a complaint reporting that a resident's bed had been broken for weeks and maintenance had placed a piece of wood under the bed to fix it.

During an observation, a piece of wood was observed underneath the right-hand corner of the bedframe in a resident's room.

During staff interviews with a Personal Support Worker (PSW) and the Maintenance Manager both confirmed a resident's bed had been broken for several weeks. The Maintenance Manager confirmed during an interview, that the resident's broken bed would be replaced with another bed that was in good working order by the end of day on a specific date.

On February 1, 2024, during observation of resident's bed, the previous broken bed had been replaced with another bed that was in good working order.

Sources:

Interviews with the Maintenance Manager and a PSW, observations of a resident's bed.

[000750]

Date Remedy Implemented: February 1, 2024

COMPLIANCE ORDER CO #001 Doors in a home

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

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s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with [FLTCA, 2021, s. 155 (1) (b)]:

The licensee shall prepare, submit and implement a plan to hire a contractor to ensure the doors leading to the residence area of the home are locked and secured to prevent residents from accessing a non-resident areas.

The plan shall include but is not limited to:

- A description of the steps that will be taken to ensure that the doors leading to the residence area are locked and secured.
- A plan for collaboration with the local Fire Department to ensure fire safety.
- The person(s) responsible for each step of the plan, the anticipated completion date for each step, and the final date of completion.
- Keep all related records onsite and readily available.

Please submit the written plan for achieving compliance for inspection #2024-1165-0001 to Debra Churcher (670), LTC Homes Inspector, MLTC, by email to londondistrict.mltc@ontario.ca by February 12, 2024.

Please ensure that the submitted written plan does not contain any PI/PHI.

Grounds

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and those doors were kept closed and locked when they were not being

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supervised by staff.

Rationale and Summary:

During a tour with the Administrator observed unsecured double doors, across from the activity room and beside the hair dresser room. The unsecured doors lead to a non-resident area. The Administrator acknowledged that the doors leading from the long term care home into the non-resident area were not locked or secured and there was no mechanism in place to lock or secure them.

During the course of this inspection multiple residents were seen in the area of the unsecured doors.

The Chief Executive Officer (CEO) stated that the non-resident area of the home was not part of the long term care home. They acknowledged that the doors leading from the long term care home to the non-resident area were not secured.

The Director of Care (DOC) confirmed that the non-resident area could be accessed from the long term care home through the unsecured doors.

The licensee's failure to secure the doors leading into the residence places residents at risk of accessing areas and items that could cause harm.

Sources:

Observations, interviews with the Administrator, CEO and DOC.

[670]

This order must be complied with by March 7, 2024



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

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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:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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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
e-mail: 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.