

**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**

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130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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Bureau régional de services de
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130, avenue Dufferin 4ème étage
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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
Mar 4, 2021	2021_797740_0003	003119-21	Other

Licensee/Titulaire de permis

QCC Corp.
3942 West Graham Place London ON N6P 1G3

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

Watford Quality Care Centre
344 Victoria Street Watford ON N0M 2S0

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

SAMANTHA PERRY (740)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): February 23, 24 and 25, 2021

**The following intake was completed within the Other inspection:
Log# 003119-21 related to Infection Prevention and Control concerns.**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Registered Practical Nurses, Restorative, Dietary, Activities, Housekeeping and Personal Support Workers.

The inspector(s) also made observations and reviewed the home's policies and relevant documents.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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

1 WN(s)

0 VPC(s)

1 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe environment related to the failure to maintain infection prevention and control measures specified in Directive #3 and relevant guidance documents, regarding the immediate implementation of active screening of all people, including staff, entering the home, to protect residents from

COVID-19.

COVID-19 Directive #3 for Long-Term Care Homes (LTCH's) under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health.

The Directive has been revised as necessary and the initial effective date of active staff screening was to be implemented immediately as of March 30, 2020. Directive #3 effective date, December 09, 2021 was the Directive in effect at the time of the inspection.

Guidance documents were sent out to LTCH's on April 01 and April 24, 2020 from the Ministry of Health (MOH) to supplement the updated Directive #3, outlining the active screening steps to be taken immediately for all LTCH staff, including a LTCH Screening Tool.

As outlined in both Directive #3 and the guidance documents; active screening was defined as, twice daily (at the beginning and end of the day or shift) symptom screening, including temperature checks.

The home did not implement active screening of all staff entering the home prior to February 23, 2021.

On February 23, 2021, Security Guard (SG) #108, SG #109, Kitchen Manager (KM) #112 ; on February 24, 2021, Restorative staff member #107, PSW #106 and Administrator #100, RPN #103, RPN #104: on February 25, 2021, Recreation Aide (RA) #105 and Director of Care (DOC) #102 all confirmed, that the home did not implement active screening of staff as per Directive #3 prior to February 23, 2021.

The lack of active screening for the staff entering the home presented an actual risk of exposing the residents to COVID-19.

Sources: Directive #3 (dated March 30, 2020 and December 09, 2020); MOH guidance documents – COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH) dated April 01, 2020 & COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes dated April 24, 2020; the home's policies and documents pertaining to the active screening of staff and visitors entering the home, observations at the front and back entrance of the home, interviews with registered and non-registered staff, recreation staff, dietary staff, the Director of Care and the Administrator. [s. 5.]

Additional Required Actions:

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

Issued on this 8th day of March, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SAMANTHA PERRY (740)

Inspection No. /

No de l'inspection : 2021_797740_0003

Log No. /

No de registre : 003119-21

Type of Inspection /

Genre d'inspection: Other

Report Date(s) /

Date(s) du Rapport : Mar 4, 2021

Licensee /

Titulaire de permis : QCC Corp.
3942 West Graham Place, London, ON, N6P-1G3

LTC Home /

Foyer de SLD : Watford Quality Care Centre
344 Victoria Street, Watford, ON, N0M-2S0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Tanya McGill

To QCC Corp., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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 :**

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must be compliant with section 5 of the Long-Term Care Homes Act, 2007.

Specifically, the licensee must:

- Follow Directive #3 and the applicable guidance documents related to the active screening of all people, including but not limited to, staff and visitors entering the Long-Term Care home.

Grounds / Motifs :

1. The licensee has failed to ensure that the home was a safe environment related to the failure to maintain infection prevention and control measures specified in Directive #3 and relevant guidance documents, regarding the immediate implementation of active screening of all people, including staff, entering the home, to protect residents from COVID-19.

COVID-19 Directive #3 for Long-Term Care Homes (LTCH's) under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 by the Chief Medical Officer of Health.

The Directive has been revised as necessary and the initial effective date of active staff screening was to be implemented immediately as of March 30, 2020. Directive #3 effective date, December 09, 2021 was the Directive in effect at the time of the incident.

Guidance documents were sent out to LTCH's on April 01 and April 24, 2020 from the Ministry of Health (MOH) to supplement the updated Directive #3, outlining the active screening steps to be taken immediately for all LTCH staff,

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including a LTCH Screening Tool.

As outlined in both Directive #3 and the guidance documents; active screening is defined as, twice daily (at the beginning and end of the day or shift) symptom screening, including temperature checks.

The home did not implement active screening of all staff entering the home prior to February 23, 2021.

On February 23, 2021, Security Guard (SG) #108, SG #109, Kitchen Manager (KM) #112; on February 24, 2021, Restorative staff member #107, PSW #106 and Administrator #100, RPN #103, RPN #104; on February 25, 2021, Recreation Aide (RA) #105 and Director of Care (DOC) #102 confirmed, that the home did not implement active screening of staff as per Directive #3 prior to February 23, 2021.

The lack of active screening for the staff entering the home presented an actual risk of exposing the residents to COVID-19.

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

Severity: All residents of the home were in actual risk of exposure to COVID-19, due to the lack and implementation of active screening for all staff, as per Directive #3.

Scope: The scope of the non-compliance was widespread, as the lack of active screening and actual risk of exposure to COVID-19 had the potential to affect all residents.

Compliance History: In the last 36 months, the licensee has had no previous non-compliances with LTCHA, 2007, s. 5 Safe and Secure Home.

Sources: Directive #3 (dated March 30, 2020 and December 09, 2020); MOH guidance documents – COVID-19 Outbreak Guidance for Long-Term Care Homes (LTCH) dated April 01, 2020 & COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes dated April 24, 2020; the home's policies and documents pertaining to the active screening of staff and visitors entering

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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

the home, observations at the front and back entrance of the home, interviews
with registered and non-registered staff, recreation staff, dietary staff, the
Director of Care and the Administrator. (740)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Mar 06, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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

Ordre(s) de l'inspecteur

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

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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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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Ordre(s) de l'inspecteur

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2007, c. 8

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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

**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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
2007, c. 8

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

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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 4th day of March, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Samantha Perry

Service Area Office /

Bureau régional de services : London Service Area Office