

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: March 6, 2023	
Inspection Number: 2023-1422-0004	
Inspection Type: Follow up	
Licensee: Maryban Holdings Ltd.	
Long Term Care Home and City: Billings Court Manor, Burlington	
Lead Inspector Phyllis Hiltz-Bontje (129)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
January 17-18, 24-26, 2023.

The following intake(s) were inspected:

- Intake: #00017570 - Follow-up #: 1 - FLTCA, 2021 - s. 6 (5) CDD: December 28, 2022.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1422-0003 related to FLTCA, 2021, s. 6 (5) inspected by Phyllis Hiltz-Bontje (129)

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure staff carried out a Minister's Directive related to screening residents at least once a day for symptoms of COVID-19 and for ensuring that a general visitor wore a mask that covered their nose and mouth.

Rationale and Summary

A) In accordance with the Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), the licensee is required to ensure that screening requirements as set out in the "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" (December 23, 2022) are carried out.

In accordance with the requirements in the "COVID-19 Guidance document for Long-Term Care homes in Ontario", homes must ensure that all residents are assessed at least once daily for signs and symptoms of COVID-19, including temperature checks.

Directions identified in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario, were not carried out when it was identified that not all residents were assessed at least once daily for signs and symptoms of COVID-19.

A Registered Practical Nurse (RPN) said they monitor resident's temperatures twice daily, however they do not monitor residents for other symptoms of COVID-19 at least once every day.

A review of a resident's clinical record confirmed staff had not made any entries to indicate they had monitored this resident for symptoms of COVID-19 other than documenting the resident's temperature twice daily.

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The Infection Prevention and Control (IPAC) Lead confirmed staff did not monitor residents for symptoms of COVID-19, other than taking resident temperatures twice a day.

There was an increased risk that symptoms of COVID-19 may go unnoticed and untreated when symptom monitoring was not completed at least once daily as required.

Sources: A resident's clinical record, Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), "Covid-19 Guidance Document for Long-Term Care Homes in Ontario" (December 23, 2022), and interviews with a RPN and the IPAC Lead.

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B) In accordance with the Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), the licensee was required to ensure that masking requirements as set out in the "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" (December 23, 2022) were carried out.

The "COVID-19 Guidance Document for Long-Term Care Homes in Ontario issued by the Minister directed, "as a first defense against the transmission of respiratory viruses, masks are required for long-term care staff, as well as for visitors and others.

At the time of the inspection a general visitor who was working in the hallway of a home area was observed to not be wearing a mask that covered their nose and mouth. The inspector reported this observation to a RPN who indicated they would report this to the DOC.

During the afternoon of the same day while touring the same home area with the IPAC lead, it was again observed that the same general visitor was not wearing a mask that covered their nose and mouth while working in the hallway of the home area.

The IPAC Lead acknowledged that the general visitor was not wearing a mask that covered their mouth and nose while working in the home area.

There was a risk that residents, staff, and visitors may be exposed to respiratory infections when a worker did not wear a mask that covered their nose and mouth while working in the home area hallway.

Sources: Observations during tour a home area, the Minister's Directive: "COVID-19 response measures for long-term care homes" (August 30, 2022), "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" and interviews with a RPN and the IPAC lead.

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COMPLIANCE ORDER CO #001 Infection Prevention and Control

NC #002 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 prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (8) [FLTCA, 2021, s. 155 (1) (b)]:

The plan shall include but is not limited to:

1. The type of staff retraining required, who will be responsible for the retraining and when the retraining will be completed.
2. The person responsible for monitoring that staff wear appropriate PPE when providing direct care to a resident requiring additional contact precautions and how the monitoring will be documented.
3. The person responsible to implement and document an action plan if monitoring demonstrates staff have not complied with the policy; and
4. Actions taken to address sustainability once the home has been successful in ensuring compliance with the use of Personal Protective Equipment (PPE) when providing direct care to a resident who requires additional contact precautions.

Please submit the written plan for achieving compliance for inspection #2023_1422_0004 to Phyllis Hiltz-Bontje, LTC Homes Inspector, MLTC, by email to hamiltondistrict.mltc@ontario.ca by March 10, 2023.

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

This plan shall be implemented by the compliance due date of; May 19, 2023

Grounds

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

The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program related to Contact Precautions and the use of Personal Protective Equipment (PPE).

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Rational and Summary

A) The licensee's Contact Precaution policy directed that: any resident who had been diagnosed with or was suspected of having an illness requiring contact precautions, staff were to immediately implement additional precautions, including the use of gloves and gowns as well as following routine precautions.

A contact precaution sign was noted to be posted outside a resident's room and an IPAC cart containing gowns was in place outside the resident's room.

Two Personal Support Workers were observed to exit the resident's room and told the inspector they had completed a two-person transfer of the resident. Both PSWs confirmed they had not donned gowns before providing care to the resident.

The Director of Care (DOC) confirmed that performing a two-person resident transfer was considered to be providing direct care and staff were expected to follow the directions for the use of PPE posted on the Contact Precaution sign, including donning a gown.

The failure of staff to don the appropriate PPE when direct care was provided to a resident who was identified as requiring additional IPAC precautions, increased the risk for the spread of infection to residents, staff, and visitors.

Sources: Observations of a resident's room and two PSWs, Licensee's Contact Precautions Policy (IC-03-01-08), and interviews with the two PSWs and the DOC.

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B) The licensee's IPAC program included a PPE strategy which directed that a proper mask that covers the mouth and nose is to be worn when in the home.

All staff did not participate in the implementation of the IPAC Program when a PSW was observed to be in the nursing station area wearing a procedure mask that did not cover their nose.

Following a question related to the proper use of a mask, the PSW repositioned their mask.

The failure of staff to properly wear a mask increased the risk for the spread of infection to residents, staff, and visitors.

Sources: Observation of a PSW, Licensee Covid-19 Universal PPE Strategy (CRG-02) and an interview with the PSW.

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This order must be complied with by May 19, 2023.

COMPLIANCE ORDER CO #002 Infection Prevention and Control

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (2) (b) [FLTCA, 2021, s. 155 (1) (b)]:

The plan shall include but is not limited to:

1. The name of the person(s) designated to monitor that residents' who live on the Bristol home area are assisted to perform hand hygiene prior to meals and snack, the frequency of the monitoring and how the monitoring will be documented.
2. The name of the person responsible to review the monitoring documentation and to implement and document the corrective action plan if monitoring demonstrates residents were not assisted to perform hand hygiene prior to meals and snacks, and
3. Actions to be taken to address sustainability and ensuring residents continue to be assisted to perform hand hygiene in accordance with the IPAC Standard.

Please submit the written plan for achieving compliance for inspection # 2023_1422_0004 to Phyllis Hiltz-Bontje, LTC Homes Inspector, MLTC, by email to hamiltondistrict.mlhc@ontario.ca by March 10, 2023.

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

This plan shall be implemented by the compliance due date of; May 19, 2023.

Grounds

Non-compliance with: O. Reg. 246/22 s. 102(2)(b)

The licensee has failed to ensure that the IPAC Standard issued by the Director was fully implemented

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related to assisting residents to perform hand hygiene.

In accordance with Ontario Regulation 102(2)(b) the licensee shall implement any standard issued by the Director with respect to infection prevention and control.

Rational and Summary

The IPAC Standard required the licensee to ensure support was provided for residents to perform hand hygiene, including residents who have difficulty completing hand hygiene due to mobility, cognitive or other impairments, prior to receiving meals and snacks.

Five residents were noted to be sitting outside the nursing station of a home area. Two PSWs were observed to provide drinks and cookies to five residents. Throughout the observation it was noted that the PSWS did not assist the residents to clean their hands before providing drinks and cookies.

The PSWs were also observed to provide drinks and snacks to a larger group of residents who were gathered in a common room on the same home area, and it was observed that the two PSW's did not provide these residents with assistance to clean their hands before providing them with drinks and cookies.

The two PSW's acknowledged they had not assisted the residents to perform hand hygiene prior to providing morning snacks.

There was an increased risk residents could ingest infective agents when they were not provided with assistance to clean their hands prior to eating.

Sources: Observation of morning nourishment pass on a home area, interview with the two PSW's and the "Infection Prevention and Control (IPAC) Standard" (April 2022)
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This order must be complied with by May 19, 2023.

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #002

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Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

O. Reg. 246/22, s.102(2)(b) issued as a CO on July 6, 2022 from Inspection #2022_1422_0001

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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
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

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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:

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
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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.