Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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 8, 2021	2021_808535_0001	019084-20, 019085-20, 019086-20, 019087-20, 019099-20, 019104-20, 019110-20, 019554-20, 025233-20, 000907-21, 000908-21	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Woodbridge Vista Care Community
5400 Steeles Avenue West Woodbridge ON L4L 9S1

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

VERON ASH (535), NAZILA AFGHANI (764)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 25, 26, 28, 29, February 1, 2, 3, 4, 5, 8, 9, 10, 11, offsite January 27, February 12, 2021.

The following intakes were completed during this inspection:

Log #019084-20 was related to compliance order #008 from inspection #2020_780699_0014 regarding r. 229. (4), with compliance due date November 13, 2020;
Log #019085-20 was related to compliance order #010 from inspection #2020_780699_0014 regarding r. 229. (5), with compliance due date November 13, 2020;
Log #019086-20 was related to compliance order #009 from inspection #2020_780699_0014 regarding r. 31. (3), with compliance due date October 26, 2020;
Log #019087-20 was related to compliance order #004 from inspection #2020_780699_0014 regarding r. 31. (2), with compliance due date October 26, 2020;
Log #019099-20 was related to compliance order #001 from inspection #2020_780699_0012 regarding r. 69., with compliance due date December 11, 2020;
Log #019104-20 was related to compliance order #001 from inspection #2020_780699_0013 regarding r. 50. (2), with compliance due date December 11, 2020;
Log #019110-20 was related to compliance order #001 from inspection #2020_780699_0011 regarding r. 42., with compliance due date December 11, 2020;
Log #019554-20 was related to care concerns from Coroners Office;
Log #025233-20 was related to food consistency/staffing; and
Log #000907-21 was related to COVID-19 testing/screening.

During the course of the inspection, the inspector(s) spoke with the Interim Executive Director (ED), Interim DOC (DOC), Director of Food Services (DFS), registered staff (RN/RPN), Entrance Screeners (ES) and substitute decision-makers (SDM).

During the course of the inspection, the inspectors conducted observations at the entrance of the home, resident home areas and staff to resident interactions, reviewed food services and clinical health records, staffing schedule, internal investigation records, follow up compliance plans, multiple audits, new protocols, supportive and educational resources and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy
Infection Prevention and Control
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Sufficient Staffing

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

- **3 WN(s)**
- **2 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (4)	CO #008	2020_780699_0014	535
O.Reg 79/10 s. 229. (5)	CO #010	2020_780699_0014	535
O.Reg 79/10 s. 31. (2)	CO #004	2020_780699_0014	535
O.Reg 79/10 s. 31. (3)	CO #009	2020_780699_0014	535
O.Reg 79/10 s. 42.	CO #001	2020_780699_0011	535
O.Reg 79/10 s. 50. (2)	CO #001	2020_780699_0013	535
O.Reg 79/10 s. 69.	CO #001	2020_780699_0012	535

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 the home is a safe and secure environment for its residents.

The Ministry of Long Term Care (MLTC) received a complaint regarding inconsistent COVID-19 screening practices at the entrance of the home.

A substitute decision-maker informed the Inspector that depending on the person screening at the entrance of the home, sometimes they were asked to show the result of a negative COVID-19 test obtained within seven days, and sometimes that information was not discussed by the screener at the entrance before they entered the home.

During an on-site inspection at the home, both MLTC Inspectors observed inconsistent screening practices by different staff at the entrance of the home. The Inspector discussed the concern with the Interim Executive Director for follow up with the home's Infection Prevention and Control (IPAC) screening team.

York Regional Public Health (YRPH) declared a COVID-19 outbreak in the home related to a visitor's positive test result. In accordance with the Chief Medical Officer of Health (CMOH) Directive #3, the home was issued a non-compliance related to inconsistent COVID-19 screening practices at the entrance of the home.

Both Entrance Screeners interviewed acknowledged that it was possible for some of the staff who perform screening at the entrance to bypass reviewing the information completed on the Acknowledgement Form which was located on a separate table. The Acknowledgement Form included the person's COVID-19 test result and the date when the test was taken and result reported.

Sources: CMOH Directive #3, MLTC IPAC Observational Checklist A1, Inspectors' observations, Interviews with Entrance Screeners and others. [s. 5.]

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were provided with food and fluids that were safe.

A complaint received by MLTC indicated that the wrong food consistency was provided to a resident.

Progress notes showed that a change in diet texture was requested by the resident's substitute decision-maker (SDM). The request was submitted on the week-end and therefore, the new order was not processed and entered in Point Click Care system which caused the previous diet texture to be provided to the resident.

Director of Food Services (DFS) stated diet orders were processed and entered in Point Click Care (PCC) by the DFS during week days because other staff members did not have access to PCC. This process has since changed by the home, and the cooks were given access and assigned the responsibility of processing and entering new diet orders during week-ends or whenever the DFS was not available.

Interim DOC stated that they were aware of the incident and that providing the wrong diet texture could be a high risk to the resident's safety.

Sources: Home's investigation notes, resident's clinical records, interview with RPN and Director of Food Services.

Due to this finding of non-compliance, this resident sample was expanded to include two other residents. No non-compliance was found with these residents. [s. 11. (2)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents are provided with food and fluids that are safe, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 104. Licensees who report investigations under s. 23 (2) of Act

Specifically failed to comply with the following:

s. 104. (1) In making a report to the Director under subsection 23 (2) of the Act, the licensee shall include the following material in writing with respect to the alleged, suspected or witnessed incident of abuse of a resident by anyone or neglect of a resident by the licensee or staff that led to the report:
4. Analysis and follow-up action, including,
i. the immediate actions that have been taken to prevent recurrence, and
ii. the long-term actions planned to correct the situation and prevent recurrence.
O. Reg. 79/10, s. 104 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the critical incident report submitted to the Director included the analysis and follow-up actions.

A review of the critical incident report submitted to the MLTC, indicated that an amendment was required to report the analysis and follow up actions and provide missing information.
- the Inspector's search on the Long-Term Care Homes Portal revealed that the home did not submit an amended report.
- The Interim DOC verified that the follow up actions were not completed and answers to additional questions requested by the MLTC was not submitted in an amended report.

Sources: CIS, the LTC homes.net portal, interview with Interim DOC. [s. 104. (1) 4.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the report to the Director included the analysis and follow-up actions, to be implemented voluntarily.

Issued on this 10th day of March, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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) :	VERON ASH (535), NAZILA AFGHANI (764)
Inspection No. / No de l'inspection :	2021_808535_0001
Log No. / No de registre :	019084-20, 019085-20, 019086-20, 019087-20, 019099-20, 019104-20, 019110-20, 019554-20, 025233-20, 000907-21, 000908-21
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Mar 8, 2021
Licensee / Titulaire de permis :	2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd., Suite 300, Markham, ON, L3R-0E8
LTC Home / Foyer de SLD :	Woodbridge Vista Care Community 5400 Steeles Avenue West, Woodbridge, ON, L4L-9S1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Kerri Judge

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l’inspecteur

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

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

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 s. 5 of the LTCHA.

Specifically, the licensee must:

-Ensure all staff, volunteers, caregivers, contractors and visitors are screened at the entrance of the home, which must include providing proof of a negative COVID-19 test in accordance with the frequency outlined in the applicable Minister's Directive or Chief Medical Officer of Health's (CMOH) Directive #3 or obtain a negative Rapid Antigen Test result.

-Perform audits daily related to the home's entrance screening process, once during each shift, over a period of two weeks, to ensure staff at the entrance consistently adhere to the Minister's and Chief Medical Officer's Directive #3 related to screening prior to accessing LTC homes.

- Document the result of each audit, actions taken by the person conducting the audit, as required, and the name and contact information of the person who conducts each audit.

Grounds / Motifs :

1. The licensee has failed to ensure the home is a safe and secure environment for its residents.

The Ministry of Long Term Care (MLTC) received a complaint regarding inconsistent COVID-19 screening practices at the entrance of the home.

A substitute decision-maker informed the Inspector that depending on the person screening at the entrance of the home, sometimes they were asked to show the result of a negative COVID-19 test obtained within seven days, and sometimes that information was not discussed by the screener at the entrance before they entered the home.

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Both Entrance Screeners interviewed acknowledged that it was possible for some of the staff who perform screening at the entrance to bypass reviewing the information completed on the Acknowledgement Form which was located on a separate table. The Acknowledgement Form included the person's COVID-19 test result and the date when the test was taken and result reported.

Sources: CMOH Directive #3, MLTC IPAC Observational Checklist A1, Inspectors' observations, Interviews with Entrance Screeners and others.

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

Severity: There was actual risk of harm to all residents and staff members when the visitor who subsequently had a positive test result accessed the home.
Scope: This non-compliance was widespread since access to the home affects all residents and staff located on the affected unit (s) where the contractor visited.
Compliance History: In the past 36 months, the licensee was found to be non-compliant with different sections of the LTCHA. (535)

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Order(s) of the Inspector

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

Ordre(s) de l’inspecteur

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

This order must be complied with by / Vous devez vous conformer à cet ordre d’ici le : Mar 10, 2021

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:

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.

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, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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 revision 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 8th day of March, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Veron Ash

Service Area Office /
Bureau régional de services : Toronto Service Area Office