

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	TAMMY SZYMANOWSKI
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	015132-20, 018970-20, 019361-20
Original Inspection #:	2020_857129_0010
Licensee:	United Mennonite Home for the Aged 4024 Twenty-Third Street, Vineland, ON, L0R-2C0
LTC Home:	United Mennonite Home 4024 Twenty-Third Street, Vineland, ON, L0R-2C0
Name of Administrator:	Walter Sguazzin

Background:	
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Ministère des Soins de longue durée
Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Ministry of Long-Term Care (MLTC) Inspector #129 conducted a complaint inspection at United Mennonite Home (the Home) on November 3-6, 9-10, 12-13, 17-20 and 24-26, 2020. The Inspector determined that the Licensee, United Mennonite Home for the Aged (the Licensee), failed to comply with s. 82(1) of Ontario Regulation 79/10 (Regulation) under the Long-Term Care Homes Act, 2007 (LTCHA) and issued two findings of non-compliance under s. 82(1). For each of these findings, pursuant to s.153(1)(a) of the LTCHA, the Inspector issued a compliance order. The compliance orders required the following:
Compliance Order #001 was issued for non-compliance with s.82(1) of the Regulation and reads as follows:

The licensee must comply with s. 82(1) of Ontario Regulation 79/10.

Specifically, the licensee shall prepare, submit and implement a written plan to ensure that all newly admitted residents, including resident #011, resident #012 and resident #013, have admission physical examinations completed and all residents have a physical examination annually after admission.

The plan is to include but is not limited to:

The development of a record that identifies when admission and annual physical examinations are due to be completed for each resident.

The development and implementation of an ongoing auditing process to ensure admission and annual physical examinations are completed.

Please submit the written plan for achieving compliance for inspection #2020_857129_0010 to Phyllis Hiltz-Bontje, LTC Homes Inspector, MLTC, by email to HailtonSAO.moh@ontario.ca by March 22, 2021.

This order must be complied with by: June 04, 2021.

Order #:	001
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To **United Mennonite Home for the Aged**, you are hereby required to comply with the following order by the date set out below:

Pursuant To:

O.Reg 79/10, s. 82. (1) Every licensee of a long-term care home shall ensure that either a physician or a registered nurse in the extended class,
(a) conducts a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produces a written report of the findings of the examination;
(b) attends regularly at the home to provide services, including assessments; and
(c) participates in the provision of after-hours coverage and on-call coverage. O. Reg. 79/10, s. 82 (1).

Order:

The licensee must be compliant with s. 82(1)(a) of the Regulation.

Specifically, the licensee must:

Ensure that either a physician or a registered nurse in the extended class conducts a physical examination of every resident upon admission, including residents #011, #012 and #013, and a written report of the findings of the examination is documented.

Ensure that either a physician or a registered nurse in the extended class conducts and documents an annual physical examination for resident #014, #015 and #016 and any other resident who did not have a required annual physical examination conducted before March 27, 2020, when O. Reg. 95/20 came into effect under the Emergency Management and Civil Protection Act (currently under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 [ROA]. After March 27, 2020, under the EMCPA and as per the ROA currently, "Licensees are not required to ensure that a physical examination of a resident occurs annually, but must ensure that a physical examination occurs within a reasonable period of time after the resident's last examination. The Licensee must also comply with this provision from the ROA with respect to annual physical examinations of residents.

Grounds:

The licensee failed to ensure that resident #011, resident #012 and resident #013 had physical examinations completed upon admission and a written report of the findings produced. The Licensee also failed to ensure that resident #014, resident #015 and resident #016 had annual physical examinations completed and a written report of the findings produced.

The five-year medical record and progress notes for residents, did not show that either a physician or a registered nurse in the extended class conducted a physical examination upon admission for resident #011, resident #012 and resident #013.

Further, the five-year record and progress notes did not show that either a physician or a registered nurse in the extended class conducted an annual physical examination (following a resident's admission) for resident #014, resident #015, and for resident #016 on selected years between 2014 and 2019.

The Executive Director and DOC indicated that they were unaware that the Home's attending Physician had not been completing admission or annual physical examinations of residents. A RN also noted that admission and annual physical examinations "were not going well" and that the Home's Physician had not completed the five-year medical record for residents in years.

O. Reg. 95/20 under the ROA does not exempt Licensees from its obligation under s. 82(1) of the Regulation to ensure that either a physician or a RN in the extended class conducts a physical examination of each resident upon admission and produce a written report of the findings of the examination. During the pandemic, Licensees are still required as per the Regulation to ensure that a physical examination of a resident is conducted by a physician or an RN in the extended class upon the resident's admission (and that a written report of the findings is produced).

Although O. Reg. 95/20 sets out that "Licensees are not required to ensure that a physical examination of a resident occurs annually, but must ensure that a physical examination occurs within a reasonable period of time after the resident's last examination", this provision did not have relevance or application to the inspection. This is because all of the annual physical examination of residents that were identified by the Inspector as not being completed pre-dated O. Reg. 95/20 (which first came into effect under the Emergency Management and Civil Protection Act in March 2020). As such, the Licensee still had an obligation under s. 82(1) of the Regulation to ensure that that a physical examination (following a resident's admission) was completed annually thereafter by a Physician or an RN in the extended class and that a written report was produced of the findings of the examination at the relevant time that it was completed.

The Licensee did not ensure that the Physician or Registered Nurse in the extended class conducted a physical examination of each resident upon admission and an annual physical examination annually thereafter, and produced a written report of the findings of the examination.

Sources: DOC, Executive Director and RN interviews, resident's five-year records and progress notes and the Emergency Management and Civil Protection Act (currently under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 [ROA]).

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

Severity of non-compliance: Not having physical examinations completed upon admission and annually thereafter (with written reports produced) is concerning and not completing and documenting the examinations posed a risk of harm to

the residents, as medical issues for the residents, which are typically identified during a physical examination may not have been identified in a timely manner or at all.

Scope of non-compliance: The scope was widespread as three of three residents reviewed for physical examinations on admission were not being completed and three of three residents reviewed for annual physical examinations were not being completed. This demonstrates that the non-compliance was widespread as all residents reviewed during the inspection did not have the completed admission or annual physical examinations completed as required.

Compliance History: The Licensee had previous findings of non-compliance in the last 36 months with respect to different requirements under the LTCHA and Regulation.

This order must be complied with by:	June 04, 2021
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

and the

Director
 c/o Appeals Clerk
 Long-Term Care Inspections Branch
 1075 Bay St., 11th Floor, Suite 1100
 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.

Issued on this 28th day of April, 2021	
Signature of Director:	
Name of Director:	TAMMY SZYMANOWSKI