Ontario

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

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: May 3, 2024	
Inspection Number: 2024-1432-0001	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: 955464 Ontario Limited	
Long Term Care Home and City: Millennium Trail Manor, Niagara Falls	
Lead Inspector Bernadette Susnik (120)	**Inspector Digital Signature** Bernadette Susnik Digitally signed by Bernadette Susnik Date: 2024.05.08 16:14:36 -04'00'
Additional Inspector(s) Miechelle Gill (000850)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 9, 10, 11, 15, 16, 2024
The inspection occurred offsite on the following date(s): April 17, 23, 25, 26, 2024

The following intake(s) were inspected:

- Intake: #00104527 was a follow-up inspection related to the housekeeping program (Order #004)
- Intake: #00104528 was a follow-up inspection related to the housekeeping program (Order #001)
- Intake: #00104529 was a follow-up inspection related to specific duties for repair (Order #002)
- Intake: #00104530 was a follow-up inspection related to specific duties for cleanliness (Order #001)

- Intake: #00104594 was a follow-up inspection related to the resident-staff communication and response system (Order #001)
- Intakes: #00107840 and #00113929 were inspections in response to critical incident reports submitted related to respiratory outbreaks.
- Intake: #00110755 was a complaint inspection related to air temperature.

Previously Issued Compliance Order(s)

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

Order #004 from Inspection #2022-1432-0003 related to the housekeeping program inspected by Bernadette Susnik (120)

Order #001 from Inspection #2023-1432-0005 related to the housekeeping program inspected by Bernadette Susnik (120)

Order #001 from Inspection #2023-1432-0008 related to specific duties for cleanliness inspected by Bernadette Susnik (120)

Order #001 from Inspection #2023-1432-0007 related to the resident-staff communication and response system inspected by Bernadette Susnik (120)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2022-1432-0003 related to the specific duties for repair inspected by Bernadette Susnik (120)

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

Housekeeping, Laundry, and Maintenance Services
Safe and Secure Home
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of licence

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with the conditions of Compliance Order (CO) #002 from inspection #2022-1432-0003 related to specific duties related to repairs under s. 19 (2)(c) of the Fixing-Long Term Care Act (FLTCA), 2021 served on January 4, 2023 with a compliance due date of March 31, 2023.

The licensee was required to conduct a maintenance audit or inspection of the home using an audit form or checklist to determine what deficiencies required attention that had not been identified by the inspector in inspection report #2022-1432-0003.

Rationale and Summary

During this follow-up inspection, audits had not been completed of the entire home to determine what maintenance related deficiencies needed to be addressed and for the licensee to address them in a timely manner.

At the start of the inspection, completed audits or checklists were provided for the resident rooms and their ensuite washrooms for one home area, which were audited by the Administrator and Director of Care between February and April 2024. No completed checklists or audits were provided for other areas of the home, such as serveries, kitchen, tub/shower rooms, common washrooms, utility rooms, recreation and activity spaces, lounges, or corridors. The remaining audits of the resident rooms and ensuite washrooms were provided on April 23, 2024, for audits completed on April 11 and 18, 2024.

The audits that had been completed identified that wall painting and patching were required along with other minor deficiencies. The administrator identified that an action plan and schedule to address these items had not been developed during the inspection but were pending.

Observations at the time of inspection included the following deficiencies that were not addressed or identified on any audits provided for review:

- Floor cracked and split around post in Montrose dining room. (Observed in same condition on November 28, 2023)
- Bulkhead over steam table on dining room side in Elgin home area patched but not painted. (Observed in same condition on November 28, 2023).
- Ceiling damage near light and dishwasher in second floor servery. (Observed in same condition on November 28, 2023, and included on inspection report #2023-1432-0008).
- A square piece of unsealed drywall fixed to the ceiling over the rinse zone of the dishwash area in Elgin servery.
- Paint peeling due to damaged drywall near doors to dining rooms from serveries on 2nd and 3rd floors.

- Shelfing inside of cabinet under sink in Stamford servery in bad condition. (Observed in same condition on November 28, 2023)
- Cabinet surface next to shower cabin in Chippewa shower room in bad condition.
- Numerous cabinets located in resident ensuite washrooms in bad condition. (This item was not identified as an option on the washroom audit and no auditors identified the damaged cabinets. Observed in same condition on November 28, 2023, and included on inspection report #2023-1432-0008)
- Ceiling water damage in Montrose dining room (re-occurring leak) after previous water damage repaired. Noted bubbled paint and drywall compound.
- Stamford servery stainless steel refrigerator door gasket in poor condition.
- The walk-in cooler flooring was rusted. (Observed in same condition on November 28, 2023, and included on inspection report #2023-1432-0008. A plan was in place and flooring scheduled, however no specific date provided.)

Sources: Review of Department Heads Building Audits, interview with the Administrator, Director of Environmental Services, Food Services Nutrition Manager, Housekeeping/Laundry Manager, and observations. [120]

An Administrative Monetary Penalty (AMP) is being issued on this written notification 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 Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $3300.00, 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 an order under s. 155 of the Act.

Compliance History:

Non-compliance previously issued on the following dates:

- July 25, 2022 - NC #001 (WN) issued on inspection report #2022-1432-0001.
- January 3, 2023 - NC #004 (CO #002) on inspection report #2023-1432-0001.
- July 24, 2023 - NC #002 (WN & AMP #002) on inspection report #2023-1432-0005.
- December 18, 2023 - NC #003 (WN & AMP #003) on inspection report #2023-1432-0008.

This is the third AMP that has been issued to the licensee for failing 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.

WRITTEN NOTIFICATION: Air temperature

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 24 (3)
Air temperature
s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee failed to measure and document the air temperature in two resident bedrooms (in different areas of the home) and one common area on each floor at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

Rationale and Summary

Two complaints were received by residents regarding cool air temperatures in their rooms during the month of March and April 2024. During the inspection, resident #001 reported to inspector #120 that their room was always cold.

When measured by the inspector using a calibrated probe thermometer for 30 minutes, the temperature was 20˚C. A temperature reading completed by a staff member later in the day was reported to be 23˚C. Resident #002 reported that they complained to the home staff about their room being cold in March 2024, and when measured by staff, it was reported by the resident as being 20 and 21˚C.

Temperature logs for resident #001's room included temperatures of 24 and 25˚C on the evening shift on different dates in February, March, and April 2024, but did not include what the temperature was during the morning or afternoon shifts.

Temperature logs for resident #002's room included temperatures of 22 and 23˚C on the evening shift on different dates in March and April 2024, but did not include what the temperature was during the morning or afternoon shifts.

The licensee's air temperature logs, which were completed by registered practical nurses (RPNs) on each home area, between January and April 2024, did not include the required frequency of measurements or that air temperatures were actually documented.

The RPNs were given infrared thermometers to use for taking air temperatures. The manufacturer of these thermometers identified in the specifications that they are to be used for measuring surface temperatures only and had an accuracy of (+) or (-) 5˚C.

The licensee's temperature logs were developed to include two different bedrooms and two common areas (lounge, dining room or hallway) each day for measurement. However, the measurements were taken in these spaces only once per day.

The temperature logs were missing many entries, and, in some cases, no temperatures were recorded for several different days in certain home areas.

Failure to use the appropriate air thermometer to measure air temperatures, to measure and document the temperature in each required space three times per day as stated above, may lead to additional complaints and discomfort for residents.

Sources: Observations, interview with residents, Director of Environmental Services, Registered Practical Nurse and review of air temperature records and thermometer specifications. [120]

WRITTEN NOTIFICATION: Designated lead

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 258
Designated lead
s. 258. The licensee shall ensure that there is a designated lead for the training and orientation program.

The licensee failed to ensure that there was a designated lead for the training and orientation program.

Rationale and Summary

A designated lead for the home's training and orientation program was not identified during the inspection. According to various managers for different departments and the Administrator, each manager manages the training and orientation of their own staff on various required topics.

Failure to dedicate a lead to the training and orientation program may lead to inconsistent practices, poor staff performance, and a challenge to annually review the training and orientation program for improvements.

Sources: Interviews with the Administrator, IPAC lead, Food Services Nutrition Manager, Director of Therapeutic Recreational Services, review of training and orientation documents related to staff pager use. [120]

WRITTEN NOTIFICATION: Visitor policy

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 267 (1) (a)
Visitor policy

s. 267 (1) Every licensee of a long-term care home shall establish and implement a written visitor policy which at a minimum, (a) includes the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic;

The licensee failed to ensure that they established and implement a written visitor policy which at a minimum included the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic.

Rationale and Summary

The licensee's visitor policy, which was available on their website, did not include the process for visitor access during non-outbreak situations and during an outbreak of a communicable disease or an outbreak of a disease of public health significance, an epidemic or a pandemic. The policy included the following statements;

- The homes accept visitors anytime if it does not interfere with residents' rest and/or safety.
- The home fully recognizes how critical visits are to the resident's care needs and emotional well-being, and therefore the home will ensure to support all visitors in understanding the importance of adhering to the home's visitor policy.
- Any type of visitor and caregiver to the home must undergo proper screening follow the sign-in process and receive required education as per the home's policy.

The statements above reference a "home policy" and a "visitor policy" and require visitors to adhere to their policies, yet the statements are written within the posted visitor policy. The steps that visitors are to take when visiting during residents during both non-outbreak and outbreak situations have not been provided.

Failure to ensure that visitors have detailed and accurate information prior to visiting the home may lead to difficulties in controlling an outbreak.

Sources: Interview with the IPAC lead and review of the licensee's Visitor Policy. [120]

NOTICE OF RE-INSPECTION FEE

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

- Order #002 from Inspection #2022-1432-0003 related to FLTCA, 2021, s. 19 (2) (c).

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of $500.00 to be paid within 30 days from the date of the invoice.

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.

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

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
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.