

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 2, 2021	2021_784762_0003	020358-20, 020359-20, 020360-20, 020361-20, 020362-20, 020363-20, 020364-20, 000343-21	Critical Incident System

Licensee/Titulaire de permis

Southlake Residential Care Village
690 Grace Street Newmarket ON L3Y 8V7

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

Southlake Residential Care Village
640 Grace Street Newmarket ON L3Y 8V7

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

MOSES NEELAM (762)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 1-4, 8-10, 2021

The following intakes were inspected during this Critical Incident System (CIS) and Follow up Inspection:

- Log related to COVID-19 and the infection control practices in the home**
- Log related to Compliance order (CO) #001 in relation to abuse and neglect**
- Log related to CO #002 in relation to staffing**
- Log related to CO #003 in relation to the safe transferring of residents**
- Log related to CO #004 in relation to nutrition and hydration**
- Log related to CO #005 in relation to the implementation of the infection control program**
- Log related to CO #006 in relation to the implementation of the plan of care for certain residents**
- Log related to CO #007 in relation to the development of the staffing plan**

During the course of the inspection, the inspector(s) spoke with Interim Executive director (IED), Assistant Director of Care (ADOC), Registered Dietician (RD), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute decision makers (SDM) and residents.

During the course of the inspection, the inspector(s) toured residents home areas, conducted observations, reviewed clinical records and reviewed relevant policies.

The following Inspection Protocols were used during this inspection:

**Contenance Care and Bowel Management
Infection Prevention and Control
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Sufficient Staffing**

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

1 WN(s)

1 VPC(s)

0 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:

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2020_748653_0016		762
O.Reg 79/10 s. 229. (4)	CO #005	2020_748653_0016		762
O.Reg 79/10 s. 31. (3)	CO #002	2020_748653_0016		762
O.Reg 79/10 s. 36.	CO #003	2020_748653_0016		762
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #006	2020_748653_0016		762
O.Reg 79/10 s. 68. (2)	CO #004	2020_748653_0016		762
LTCHA, 2007 S.O. 2007, c.8 s. 76. (2)	CO #007	2020_748653_0016		762

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

In accordance with s.229(9) of O.Reg 79/10, every license requires there be a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents

The homes policy indicated that staff members are to sanitize residents' hands before and after meals. Observations conducted indicated that resident #011 and #012 were not assisted with performing hand hygiene before and after meals. Additionally, in an interview PSW #114, indicated that staff do not always assist residents with hand hygiene before and after meals. As a result this put the residents at potential risk for acquiring pathogens that spread through the residents hands into the meal.

Sources: Observations; Policy on Meal Service and Dining Experience; interviews with resident #011, #012 and PSW#114;

2. The licensee failed to ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with.

In accordance with s. 23 of O. Reg 79/10, every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids

in the home in accordance with manufacturers' instructions.

The licensee uses certain hooyer lifts. According to the manufacturers instructions for safe use of the lift the licensee must ensure policies are developed and implemented for safe use.

The homes policy indicated two staff members are always required to use the lift. During an observation, PSW # 109, weighed the resident with a hooyer lift independently. This put the resident at risk for harm as there wasn't a second staff to double check if the lift was appropriately applied.

Sources: Observations; Mechanical Lifts policy and procedure; interviews with PSW #109, PSW #112 and IED #104;

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 where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any policy, the licensee is required to ensure that the policy is complied with. In accordance with s.229(9) of O.Reg 79/10, every license requires there be a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents and In accordance with s. 23 of O. Reg 79/10, every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions, to be implemented voluntarily.

Issued on this 3rd day of March, 2021

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

Original report signed by the inspector.