

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 15, 2021	2021_549107_0002	009782-21	Other

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**Licensee/Titulaire de permis**

Parkview Meadows Christian Retirement Village  
72 Town Centre Drive Townsend ON N0A 1S0

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

Gardenview Long Term Care Home  
72 Town Centre Drive Townsend ON N0A 1S0

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

MICHELLE WARRENER (107)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): Off site Inspection June 18, 24, 25, 28, July 15, 16, 20, 2021.**

**The following intake was completed during this inspection:  
Log #009782-21 related to following Minister's Directives**

**During the course of the inspection, the inspector(s) spoke with The Administrator  
and Resource Nurse**

**Ad-hoc notes were used during this inspection.**

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

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

<b>NON-COMPLIANCE / NON - RESPECT DES EXIGENCES</b>	
<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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister**

**Specifically failed to comply with the following:**

**s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.**

**Findings/Faits saillants :**

1. The licensee failed to ensure that every operational directive that applies to the Long-Term Care home was complied with in relation to the Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to homes.

The Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes, required all Staff, Caregivers, Student Placements and Volunteers to demonstrate that they had received one PCR Test and one Antigen Test on separate days within a seven-day period with the time period between PCR testing as close to seven days as could practically be achieved; or an Antigen Test at a frequency set out in the Ministry of Health COVID-19 Guidance: Considerations for Antigen Point-of-Care Testing.

A staff member who attended the home during a specified week, completed a PCR test, however, did not have a Rapid Antigen (RAT) test completed.

Staff #100 worked at the home for three days in the identified week. A PCR test was completed on the first day, however, an additional RAT test was not completed. The Resource Nurse identified that for part time staff, if they were at the home on the day of the RAT testing they would be tested, and if not, they would have, at minimum, their PCR test within the week. The Resource Nurse stated that the home did on-site PCR testing weekly on Wednesdays or Thursdays and RAT testing was on Mondays or Tuesdays.

During interview with the Administrator, they also stated that the home provided RAT testing once a week. The Administrator stated that the home did not have the staff to consistently do rapid testing outside of the scheduled day.

Sources: Staff Covid-19 testing reports; Visitor Screening documents, Covid-19 Rapid Antigen Testing reports for Essential Caregivers; interview with Registered Nurse/Resource Nurse; Interview with the Administrator. [s. 174.1 (3)]

**Issued on this 17th day of September, 2021**

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

**Original report signed by the inspector.**