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

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Original Public Report

Report Issue Date: January 19, 2023

Inspection Number: 2022-1451-0003

Inspection Type:
Follow up
Critical Incident System

Licensee: The Mennonite Home Association of York County

Long Term Care Home and City: Parkview Home Long-Term Care, Stouffville

Lead Inspector	**Inspector Digital Signature**
Susan Semeredy (501)	Susan L Semeredy Digitally signed by Susan L Semeredy Date: 2023.01.19 14:46:45 -05'00'

Additional Inspector(s)
Maria Paola Pistritto (741736)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 19-22, 2022 and January 4-6, 9, 10, 2023. Off-site interviews were conducted on January 13, 2023.

The following intake(s) were inspected:

- Intake: #00002519- [CI: 2968-000004-22] regarding physical altercation between two residents
- Intake: #00002882- [CI: 2968-000014-22] regarding fall prevention and management
- Intake: #00006806- [CI: 2968-000024-22] regarding staff to resident neglect
- Intake: #00007732-Follow up from Inspection #2022_1451_0002, CO #001, FLTCA, 2021 s. 6 (1) (c), Plan of Care
- Intake: #00007748-Follow up from Inspection #2022_1451_0002, CO #002, O. Reg. 246/22 s. 40, Safe Transferring
- Intake: #00010957- [CI: 2968-000026-22] regarding responsive behaviours
- Intake: #00012719- [CI: 2968-000027-22] regarding staff to resident abuse

Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2022-1451-0002 related to FLTCA, 2021, s. 6 (1) (c) inspected by Susan Semeredy (501)

Order #002 from Inspection #2022-1451-0002 related to O.Reg. 246/22, s. 40 inspected by Susan Semeredy (501)

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

Prevention of Abuse and Neglect
Resident Care and Support Services
Responsive Behaviours
Safe and Secure Home
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
A) Non-compliance with: O.Reg. 246/22, s. 102 (2) (b), Infection Prevention and Control (IPAC) Standard Section 9.1 (e)

The licensee has failed to ensure that a standard issued by the Director with respect to additional precautions, specifically with point of care signage that identify enhanced IPAC measures, was complied with.

In accordance with additional requirement 9.1 additional precautions (e) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022), the licensee shall ensure that additional precautions are followed in the IPAC program. At minimum, additional precautions shall include: Point-of-care signage indicating that enhanced IPAC control measures are in place.

Rationale and Summary
A resident had a yellow caddy containing IPAC supplies outside their room on the wall. There was no additional precaution signage on the door. Two staff members indicated the resident needed additional precautions as they had direct contact with someone who was COVID-19 positive. Assistant Director of Care (ADOC) confirmed the resident's door should have had additional precaution signage.

By the staff failing to display additional precautions signage on the resident's door, there was a risk to others in the home for contracting COVID-19.

Sources: Observation and interviews with staff. [741736]

B) Non-compliance with: O.Reg. 246/22, s. 102 (2) (b), Infection Prevention and Control (IPAC) Standard Section 9.1 (d)

The licensee has failed to ensure that a standard issued by the Director with respect to additional precautions, specifically the proper use of personal protective equipment (PPE), including appropriate selection, was complied with.

In accordance with additional requirement 9.1 additional precautions (d) under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022), the licensee shall ensure that routine precautions are followed in the IPAC program. At minimum, routine practices shall include: Proper use of PPE, including appropriate selection, application, removal, and disposal.

Rationale and Summary
A resident's room had additional precaution signage on the door. A staff member entered the room to provide a lunch tray without putting on a gown, gloves, N95 mask and faceshield. On the same day, another staff member was observed cleaning a COVID-19 positive room without an N95 mask or faceshield. The ADOC confirmed that the required PPE for COVID-19 positive rooms was gown, gloves, N95 mask and faceshield.

The lack of PPE used by staff put others at risk to contract COVID-19.

Sources: Observations and interviews with staff. [741736]

WRITTEN NOTIFICATION: Responsive Behaviours

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 58 (4) (c)

The licensee has failed to ensure that a resident who was demonstrating responsive behaviors, actions were taken to respond to their needs, including interventions.

Rationale and Summary
Since admission, a resident had responsive behaviors. One-to-one (1:1) monitoring was put in place at various times to respond these behaviours. A staff member stated they thought the resident often needed to be distracted and that 1:1 interaction was successful.

The resident was displaying responsive behaviors for a few days prior to an incident that put them in jeopardy. The Administrator confirmed that although the resident required 1:1 monitoring as an intervention to respond to their behaviors, it was not always provided due to staffing issues.

As a result of the LTCH not providing 1:1 monitoring the resident had an opportunity to put themselves at risk for harm.

Sources: A resident's clinical record and interviews with the Administrator and other staff. [741736]