

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
hamiltondistrict.mlhc@ontario.ca

Original Public Report

Report Issue Date: November 10, 2022	
Inspection Number: 2022-1459-0002	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: St. Joseph's Health System	
Long Term Care Home and City: St. Joseph's Lifecare Centre, Brantford	
Lead Inspector Ali Nasser (523)	Inspector Digital Signature
Additional Inspector(s) Melanie Northey (563) Ina Reynolds (524)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 31, November 1, 2, 3, 7, 8 and 9, 2022.

The following intake(s) were inspected:

- #00001203, Complaint concerns regarding care provisions for a resident.
- #00001438, Follow-up to CO #007 from inspection #2022_988522_0004 regarding r. 229. (5). CDD September 12, 2022.
- #00001632, Follow-up to CO #008 from inspection #2022_988522_0004 regarding s. 20. (2). CDD September 12, 2022.
- #00001698, Follow-up to CO #001 from inspection #2022_988522_0004 regarding s. 24. (1). CDD September 12, 2022.
- #00001967, Follow-up to CO #006 from inspection #2022_988522_0004 regarding s. 19. (1). CDD September 12, 2022.
- #00001968, Follow-up to CO #009 from inspection #2022_988522_0004 regarding s. 6. (4). CDD September 12, 2022.

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- #00002041, Follow-up to CO#005 from inspection #2022_988522_0004 regarding r. 229. (4). CDD September 12, 2022.
- #00006864, Complaint with concerns regarding specific resident.
- #00008252, CIS #2976-000064-22, related to allegations of staff to resident neglect.
- #00008843, complaint regarding improper care of a resident.
- #00008866, Follow-up to CO#001 from inspection #2022_1459_0001 regarding O. Reg. 246/22 s.140.(1). CDD September 30, 2022.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
LTCHA	s. 24 (1)	#2022_988522_0004	#001	#523
O. Reg. 79/10	s. 229 (4)	#2022_988522_0004	#005	#523
LTCHA	s. 19 (1)	#2022_988522_0004	#006	#523
O. Reg. 79/10	s. 229 (5) (b)	#2022_988522_0004	#007	#523
LTCHA	s. 20. (2)	#2022_988522_0004	#008	#523
LTCHA	s. 6 (4) (a)	#2022_988522_0004	#009	#563
O. Reg. 246/22	s. 140 (1)	#2022_1459_0001	#001	#563

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

- Infection Prevention and Control
- Medication Management
- Resident Care and Support Services
- Safe and Secure Home

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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O. Reg. 246/22, s. 97

The licensee has failed to ensure that all hazardous substances at the home were kept inaccessible to residents at all times.

Observation showed a housekeeping cart was left in the hallway unlocked and unattended. Two housekeeping staff said they were not provided with a key to the cart. Environmental Services Manager (ESM) #111 said they would provide the keys to staff to ensure carts are locked when unattended.

Director of Care (DOC) #101 and Environmental Services Manager (ESM) #111 reported that keys were provided to staff.

A housekeeping staff said they were provided keys for the housekeeping carts.

Date Remedy Implemented: November 2, 2022. [523]

WRITTEN NOTIFICATION: IPAC

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale and Summary:

1. The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes was issued by the Director pursuant to section 102(2)(b) of the Regulation under the Fixing Long-Term Care Act, 2021. The Infection Prevention and Control Standard for Long-Term Care Homes 9.1 (d) stated, at minimum Routine Practices shall include: "Proper use of PPE, including appropriate selection, application, removal, and disposal."

The Ministry of Long-Term Care (MLTC) received a complaint related to Infection Prevention and Control (IPAC) practices and staff not following COVID-19 protocols. The complainant said that during a specific visit to the home they had concerns related to some staff not wearing appropriate Personal Protective Equipment (PPE).

Interview with Director of Care (DOC) #102 confirmed the complainant had concerns with specific staff not wearing the appropriate PPE. DOC acknowledged this was a concern. DOC #102 said that Public Health was asked to come in to review and they had identified similar issues with staff not wearing their appropriate PPE correctly. Impact was determined to be low as there was no direct harm to residents.

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Sources: INFOLINE - Complaint Information Report; and interview with DOC #102. [524]

2. Per section 1.2 of the Minister's Directive, licensees are required to ensure that the masking requirements as set out in the COVID-19 guidance document for Long-Term Care Homes in Ontario are followed. Masks are required for long-term care staff, Homes must ensure that all staff, students, and volunteers wear a medical mask for the entire duration of their shift indoors regardless of their immunization status. These requirements also apply regardless of whether the home is in an outbreak or not. Removal of masks for the purposes of eating should be restricted to areas designated by the home (which may include a resident's room).

Observation during inspection showed three staff members not wearing their PPE accordingly.

In an interview DOC #101 and Infection Prevention and Control (IPAC) Lead #113 said the expectation was for the staff to wear their appropriate PPE all the time except in designated break areas.

Sources: observations and staff interviews. [523]

WRITTEN NOTIFICATION: Doors

NC # 003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3

The licensee has failed to ensure all doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

Rational and Summary:

Observations during the inspection showed specific doors leading to non-residential areas were unlocked, opened and unattended.

Administrator #100 and DOC #101 said the doors leading to non-residential areas should be kept closed and locked when unattended.

Sources: observations and staff interviews. [523]

COMPLIANCE ORDER CO #001 Windows

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 19

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee must be compliant with O. Reg. 246/22, s. 19

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Specifically, the licensee must:

- a) Complete an audit on all the windows in the home that are accessible to residents. The audit must include but not limited to the presence of a screen, the measurements of the window opening, the condition of the window and repairs required if needed. The audit must also include any identified deficiencies with screens, measurements exceeding 15 cm, and window condition, including the corrective actions, and the responsible individual(s).
- b) Ensure specific identified windows do not open more than 15 centimeters.
- c) A record of the above audit will be kept until the compliance order is complied by the Ministry of Long-Term Care, including the date the audit was completed, the person who completed the audit and the results of the audit.

Grounds

The Licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen and could not be opened more than 15 centimetres (cms).

Observations during the inspection showed specific windows that opened more than 15 centimetres.

ESM #111 and inspectors observed specific windows that opened to the outside had no screens.

ESM #114 said those windows will be fixed by applying stoppers. ESM said an audit on all windows in the home was being completed to identify any window that needed repair, screen or a stopper. [523]

This order must be complied with by November 30, 2022

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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

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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.