

**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
Jan 22, 2021	2021_772691_0001	021704-20, 022704- 20, 024316-20	Complaint

Licensee/Titulaire de permis

Mill Creek Care Centre
286 Hurst Drive Barrie ON L4N 0Z3

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

Mill Creek Care Centre
286 Hurst Drive Barrie ON L4N 0Z3

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

JENNIFER NICHOLLS (691)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 11-14, 2021.

The following intakes were inspected upon during this Complaint inspection:

-Three complaints that were submitted to the Director regarding essential visitor restrictions related to COVID-19.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Nurse Manager(s), Registered Nurse (RNs), COVID-19 screeners, Personal Support Workers (PSWs), residents and their families.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, infection control practices, observed staff to resident interactions, and resident to resident interactions, reviewed relevant family communication logs, complaint logs, essential care giver logs, as well as licensee policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Reporting and Complaints**

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)

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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents had the right to receive essential caregivers of his or her choice as per Directive #3.

As per Directive #3 issued by the Chief Medical Officer of Health, the long-term care homes are responsible for supporting, implementing and facilitating residents in receiving essential caregivers while mitigating the risk of exposure to COVID-19. The long term care home could allow each resident to designate up to two essential caregivers to provide direct care support to the resident, as currently defined in the directive.

Furthermore, as per the Ministry of Long Term Care “COVID-19 visiting policy”, it details that if the local public health unit is in the Orange, Red or Grey zone, or the home is in an outbreak, only essential visitors are permitted in the home and a maximum of one caregiver per resident may visit at a time.

The home's policy indicated guidance for how visiting could be scheduled and facilitated for essential caregivers in the home in accordance with Directive #3 issued by the Chief Medical Officer of Health, including the guidance to deem up to two essential visitors for each resident.

The home was not following their current indoor visiting policy, or Directive #3 by only allowing essential visitors in for palliative care residents, and prevented other essential caregivers from entering, therefore the home did not comply with Directive #3.

Sources: Complaint intakes, COVID-19 Directive #3 for Long-Term Care Homes, dated December 26, 2020, the home's policy titled “Pandemic planning, Indoor visits during COVID-19 (#J-10-10, effective July 22, 2020), Ministry of Long-Term Care “COVID-19 Visiting Policy”, dated December 26, 2020, internal family communication emails, and Interview with Executive Director and other staff members. [s. 3. (1) 14.]

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 residents have the right to pursue social interests, and that residents have the right to receive visitors of their choice to be, to be implemented voluntarily.

Issued on this 10th day of February, 2021

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

Original report signed by the inspector.