

**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 |
|--|---|-----------------------------------|--|
| Feb 8, 2022 | 2022_745690_0004 | 014868-21, 000860-22 | 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

TRACY MUCHMAKER (690)

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 24-27, 2022.

The following intakes were inspected upon during this Complaint inspection:

**-Two intakes, which were complaints related to resident care concerns,
Housekeeping and Infection Prevention and Control.**

**During the course of the inspection, the inspector(s) spoke with the Executive
Director, Director of Care, Environmental Services Manager, Maintenance Lead,
Food Service Manager, Registered Nurses (RNs), Registered Practical Nurses
(RPN), Personal Support Workers (PSW), Housekeepers, Food Service Workers,
and residents.**

**The Inspector(s) also conducted a daily tour of resident care areas, observed the
provision of care and services to residents, observed staff to resident and resident
to resident interactions, observed infection prevention and control practices,
reviewed relevant health care records, internal investigation notes, as well as
licensee policies, procedures and programs.**

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

2 WN(s)

2 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to two residents, as specified in the plan.

A complaint was submitted related to resident care concerns. The complaint indicated that the resident was not always receiving a specified treatment.

A resident's health records, indicated that two treatments were not applied on four occasions during a one month period.

The resident stated to the inspector that some staff did not always apply the specified treatments, and that they had not received the treatments that morning. A Personal Support Worker (PSW), verified that they had not applied the treatment that morning as they forgot.

Sources: A resident's eTar, interviews with a resident, PSW staff, Registered staff and the DOC. [s. 6. (7)]

2. Another resident was to receive two treatments and their eTar indicated that the resident did not receive the treatments on three occasions in a one month period.

Registered staff verified that the treatments were not applied on three occasions in the month. The DOC confirmed that the eTar indicated that the treatment had not been applied as it was specified and that it should have been.

Sources: A resident's eTar, interviews with PSW staff, Registered staff, and the DOC. [s. 6. (7)]

3. The licensee failed to ensure that a resident's care was documented as provided related to an identified Activity of Daily Living (ADL).

A resident was to receive assistance with an identified ADL at specified times. There was missing documentation related to the task of providing assistance for the identified ADL on numerous occasions in a one month period.

PSW staff stated that the resident would request assistance for the identified ADL when they wanted it and it wasn't always at the specified times. Registered staff and the DOC stated that the PSW staff were to document on each task and there should not be any missing documentation.

Sources: A resident's POC documentation, interviews with PSW, Registered Staff and the DOC. [s. 6. (9) 1.]

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 the provision of care is provided as specified in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's housekeeping procedures were implemented related to the cleaning of resident's toilets.

A complaint was received related to Infection Prevention and Control and housekeeping concerns.

On the first day of the inspection, the inspector observed four toilets in resident rooms that were visibly soiled. On the second day of the inspection, the inspector observed an additional four toilets that were visibly soiled, and on the third day, the inspector observed the same toilets and found them to be in the same condition as the day before.

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Housekeeping staff and the Environmental Services Manager (ESM) indicated that the toilets in the resident rooms were to be cleaned and disinfected daily. The ESM observed three of the toilets with the inspector and verified that the toilets had not been cleaned, that the toilet bowls had staining, and that they were visibly soiled.

Sources: Observations of resident's rooms, the home's policy titled, "Cleaning Procedures-Daily Cleaning Sequence-ES C-10-05, last revised November 22, 2019, interviews with Housekeeping staff, and the ESM. [s. 87. (2) (a) (i)]

2. The licensee has failed to ensure that supplies and devices, including personal assistive devices were cleaned and disinfected.

On the first day of the inspection, the inspector observed two assistive devices in resident washrooms that were visibly soiled. On the second, and third day of the inspection, the inspector observed the same two assistive devices, and observed two other assistive devices that were visibly soiled.

PSW staff verified that the resident's personal assistive devices were to be cleaned and disinfected after each use, when they were soiled or at least daily. The DOC stated that PSW staff should be cleaning personal assistive devices after each use. The ESM observed an assistive device with the inspector and verified that it was visibly soiled, and that the housekeeping staff should be cleaning them when they clean the toilet if they are visibly soiled.

Sources: Observations of the resident's rooms, interviews with PSW, Housekeeping staff, the ESM, and the DOC. [s. 87. (2) (b)]

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 the home's housekeeping procedures are implemented and personal assistive devices are cleaned and disinfected, to be implemented voluntarily.

Issued on this 9th day of February, 2022

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

Original report signed by the inspector.