Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Dec 06, 2021	2021_797740_0027 (A1)	011316-21, 011610-21, 014181-21, 016183-21, 017342-21	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village at St. Clair
1800 Talbot Road Windsor ON N9H 0E3

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

Amended by SAMANTHA PERRY (740) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

On November 26, 2021, an email request for an extension of the compliance due date (CDD) of December 15, 2021, for Compliance Order #002, #003, and #004 issued within inspection report #2021_797740_0027 was received from Tammy Roberts, Administrator with The Village at St Clair Long Term Care Home. The Administrator requested an extension from the original CDD of December 15, 2021 to help complete the ordered education and auditing for all staff and visitors related to the large size of the home and the amount of education required. After a Microsoft Teams discussion on November 26, 2021 with home management staff, LSAO Inspection Managers and Inspectors an extension was agreed upon with a new CDD of December 31, 2021 for CO #004, and a new CDD of February 28, 2022 for COs #002 and #003.

Issued on this 6 th day of December, 2021 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

The Village at St. Clair
1800 Talbot Road Windsor ON N9H 0E3

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

Amended by SAMANTHA PERRY (740) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): October 26, 27, 28, 29, November 01, 02, 03, 04, 05, 08, 09 and 10, 2021.

The following intakes were completed within the Critical Incident Systems inspection:

Log# 011316-21 / CI# 3046-000026-21 related to resident injury;

Log# 011610-21 / CI# 3046-000030-21 related to fall prevention and management;

Log# 014181-21 / CI# 3046-000038-21 also related to fall prevention and management;

Log# 016183-21 / CI# 3046-000046-21 related to responsive behaviours; and

Log# 017342-21 / CI# related to alleged staff to resident neglect.

During the course of the inspection, the inspector(s) spoke with the General Manager, the Director of Nursing Care, Assistant Directors of Nursing Care, Registered Nurses, Registered Practical Nurses, Personal Support Workers, Housekeepers and residents.

The inspector(s) also made various observations, including Infection Prevention and Control practices, and reviewed residents' clinical records.

The following Inspection Protocols were used during this inspection:

Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care

During the course of the original inspection, Non-Compliances were issued.
- **5 WN(s)**
- **1 VPC(s)**
- **4 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.) Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

The licensee has failed to ensure the home was a safe and secure environment for resident #001.

A Critical Incident System (CIS) report was received by the Ministry of Long Term Care (MLTC) related to an injury to resident #001 of known origin.
During a tour of the home it was observed there were certain pathways taken by the staff that were shared and conflicted with resident pathways. Dietary Aide (DA) #112 and #114 said, at times the shared staff and resident pathways were in conflict and it was difficult sometimes to see residents on these shared pathways. DA #114 also said, they recently had two near misses with residents, as the residents were using the same pathways as the staff member.

Director of Food Services #123 said they acknowledged they focused solely on the activity of staff while using the shared pathways and had not considered any environmental factors such as, modifying resident pathways to reduce the use of shared pathways.

Sources: CIS report, observations of all units, interviews with DA#112, #114 and Director of Food Services #123. [s. 5.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

The licensee has failed to ensure that any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

Review of residents #002, #003 and #004's wound care assessments, including documented photos and multiple measurements taken with the home's wound care application, identified that the assessments were often inaccurate and documented an erroneous deterioration in the healing progress of the residents' wounds. Registered staff did not physically assess residents #002, #003 or #004's wounds to identify the discrepancies with the home's wound care application. Furthermore, staff falsified documentation several times when they did not use the wound care application accurately to complete weekly wound assessments as per the legislation and the home's policy. [s. 50. (2) (b) (iv)]

Registered Practical Nurse (RPN) #117 and #118 both said wound assessments were completed using a wound care application that takes photos and identifies the measurements of the residents' wounds. When asked if the previous weeks assessments were compared with the current assessment RPN #117 and #118 said, "the computer does it."

RPN #115 acknowledged the home's wound care application was not being used correctly. The assessments were frequently inaccurate and staff were not comparing their current assessment with the previous week's wound assessments, or consistently completing a wound care assessment at least weekly to monitor a resident's wound's healing progression or decline.

Sources: Resident #002, #003 and #004’s skin and wound assessments, the homes’ policy Skin and Wound Care Program, Tab 04-78 and interviews with RPN #115, #117 and #118. [s. 50. (2) (b) (iv)]

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury. O. Reg. 79/10, s. 48 (1).
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions. O. Reg. 79/10, s. 48 (1).
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable. O. Reg. 79/10, s. 48 (1).
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits saillants :

The licensee has failed to ensure the skin and wound care program to provide for effective skin and wound care interventions were implemented.

Review of resident #002 and #004's wound care documented that several assessments were not completed accurately, and there was no documentation to provide rationale as to why accurate wound care was not completed as per the home's policy. Furthermore, there was no process followed by the home to ensure that all as needed wound care, and scheduled wound care was addressed and completed with a consistent approach. The home's policy titled Skin and Wound Care Program, Tab 04-78, stated "Each wound will be treated using either an accepted Wound Care Protocol (see Village's Skin and Wound company specific treatment protocols) or specific orders from physician or designate."

Resident #004 said, each month there were times when their wound care was not completed.

Director of Nursing Care (DNC) #101 said the wound care should have been completed per the Physicians' orders and the process in the home. Additionally, if there was a valid reason the wound care could not be completed, there should have been a progress note to document the registered staffs rationale. [s. 48. (1) 2.]

Sources: Resident #002 and #004's skin and wound assessments, the homes' policy Skin and Wound Care Program, Tab 04-78 and interviews with management and other staff.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 003

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

The licensee has failed to ensure all staff participated in the implementation of the home's infection prevention and control program, and all visitors followed the home's Visiting in Long Term Care (LTC) during COVID policy.

Directive #3 effective date July 16, 2021, states, under the heading Universal Masking, "Staff – Homes must ensure that all staff comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are interacting with residents and/or in designated resident areas."

Directive #5 effective date April 07, 2021, states, "For long-term care homes only, all staff must wear surgical/procedure masks at all times for source control for the duration of full shifts. This is required regardless of whether the home is in an outbreak or not. When staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19. Visitors should use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times."

The home's policy titled, "Universal Masking" states, "It is the policy of Schlegel Villages to ensure we follow universal masking related to the COVID-19 pandemic. All visitors entering the Village, including team members will wear a surgical/procedure mask at all times while in the Village. One exception is during breaks, when the mask may be removed and physical distancing protocols followed."

On several dates the inspector observed a number of staff members with their masks around their chin, their noses and mouths exposed and in the presence of other team members, not physically distanced.

On several different dates the inspector observed some visitors with their masks below their chin, noses and mouths exposed.

General Manager (GM) #100, DNC #101, Assistant Director of Nursing Care (ADNC) #102, Neighborhood Coordinator (NC) #105 and Registered Nurse (RN) #129 all confirmed that staff and visitors are to wear a mask at all times when at the home as per the home's universal masking policy, as well as Directive #3 and #5.

Based on observations, interviews and record reviews the licensee failed to ensure all staff participated in the implementation of the infection prevention and control program and that visitors were following the home's visitor policy and Directives #3 and #5.

Sources: Inspector observations, review of the home's infection prevention and control policies, visitor policy, and interviews with management and other staff members. [s. 229. (4)]

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 004

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a person who had reasonable grounds to suspect that abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm immediately reported the suspicion and the information upon which it was based to the Director.

During a record review for resident #001 a progress note written by Registered Practical Nurse #124 documented an allegation reported by resident #001 of a staff member that had treated the resident roughly. The Inspector was unable to locate a Critical Incident System (CIS) report related to the alleged abuse, and Director of Nursing Care #101 said a CIS report was not submitted and should have been.

Sources: Resident #001's progress notes, search of the CIS report system and interview with the DNC. [s. 24. (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 by ensuring that any person who has reasonable grounds to suspect abuse of a resident by the licensee or staff that resulted in harm or a risk of harm to any resident is immediately reported to the Director, to be implemented voluntarily.

Issued on this 6 th day of December, 2021 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Amended Public Copy/Copie modifiée du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	Amended by SAMANTHA PERRY (740) - (A1)
Inspection No. / No de l'inspection :	2021_797740_0027 (A1)
Appeal/Dir# / Appel/Dir#:	
Log No. / No de registre :	011316-21, 011610-21, 014181-21, 016183-21, 017342-21 (A1)
Type of Inspection / Genre d'inspection :	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Dec 06, 2021(A1)
Licensee / Titulaire de permis :	Schlegel Villages Inc. 325 Max Becker Drive, Suite. 201, Kitchener, ON, N2E-4H5
LTC Home / Foyer de SLD :	The Village at St. Clair 1800 Talbot Road, Windsor, ON, N9H-0E3
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Tammy Roberts

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

To Schlegel Villages Inc., you are hereby required to comply with the following order (s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre: 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must be compliant with LTCHA 2007, c. 8, s. 5.

Specifically the licensee must:

-Ensure that shared resident and staff pathways are relocated to minimize conflict.

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure the home was a safe and secure environment for resident #001.

A Critical Incident System (CIS) report was received by the Ministry of Long Term Care (MLTC) related to an injury to resident #001 of known origin.
During a tour of the home it was observed there were certain pathways taken by the staff that were shared and conflicted with resident pathways. Dietary Aide (DA) #112 and #114 said, at times the shared staff and resident pathways were in conflict and it was difficult sometimes to see residents on these shared pathways. DA #114 also said, they recently had two near misses with residents, as the residents were using the same pathways as the staff member.

Director of Food Services #123 said they acknowledged they focused solely on the activity of staff while using the shared pathways and had not considered any environmental factors such as, modifying resident pathways to reduce the use of shared pathways.

Sources: CIS report, observations of all units, interviews with DA#112, #114 and Director of Food Services #123. [s. 5.]

An order was made taking the following factors into account:
Severity: The shared resident and staff pathways were identified in several locations throughout the home and caused actual harm to a resident.
Scope: Widespread as the shared resident and staff pathways were identified in several locations throughout the home.
Compliance History: The home has a compliance history of 40 Written Notifications, eight Compliance Orders and 27 Voluntary Plans of Correction issued in the last 36 months related to different sub-sections of the legislation. (670)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Dec 15, 2021

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre: 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,

(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,

(i) within 24 hours of the resident's admission,

(ii) upon any return of the resident from hospital, and

(iii) upon any return of the resident from an absence of greater than 24 hours;

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,

(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,

(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and

(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;

(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and

(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10 s. 50 (2).

Specifically the licensee must:

-re-educate all registered staff that work in the home related to weekly wound assessments.
-keep a record of the education that includes the content of the education, the date of the education and the names of staff that attended the education.
-conduct weekly audits of wound assessments. Audits are to be conducted with 1 resident per unit that is exhibiting skin breakdown (if available). Residents are to be chosen randomly and the resident chosen should not be audited two weeks in a row, unless there are no other residents on the unit exhibiting skin breakdown. Audits are to ensure weekly wound assessments are being completed weekly as per the legislation and to identify deficiencies. The corrective actions taken by the leadership team to correct any deficiencies are to be recorded.
-Audits will be completed for 6 months or until compliance is achieved.

Grounds / Motifs :

1. The licensee has failed to ensure that any resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

Review of residents #002, #003 and #004's wound care assessments, including documented photos and multiple measurements taken with the home's wound care application, identified that the assessments were often inaccurate and documented an erroneous deterioration in the healing progress of the residents' wounds. Registered staff did not physically assess residents #002, #003 or #004's wounds to identify the discrepancies with the home's wound care application. Furthermore, staff falsified documentation several times when they did not use the wound care application accurately to complete weekly wound assessments as per the legislation and the home's policy. [s. 50. (2) (b) (iv)]

Registered Practical Nurse (RPN) #117 and #118 both said wound assessments were completed using a wound care application that takes photos and identifies the measurements of the residents' wounds. When asked if the previous weeks assessments were compared with the current assessment RPN #117 and #118 said,

"the computer does it."

RPN #115 acknowledged the home's wound care application was not being used correctly. The assessments were frequently inaccurate and staff were not comparing their current assessment with the previous week's wound assessments, or consistently completing a wound care assessment at least weekly to monitor a resident's wound's healing progression or decline.

Sources: Resident #002, #003 and #004's skin and wound assessments, the homes' policy Skin and Wound Care Program, Tab 04-78 and interviews with RPN #115, #117 and #118.

An order was made taking the following factors into account.
Severity: The homes failure to ensure that residents #002, #003 and #004 had wound assessments completed on a weekly basis and the assessments were consistent and accurate put them at risk for unidentified wound deterioration.
Scope: Residents #002, #003 and #004 did not have wound assessments done on a weekly basis and did not consistently have accurate wound assessments completed
Compliance History: The home has a compliance history of forty Written Notifications, eight Compliance Orders and twenty seven Voluntary Plans of Correction issued in the last 36 months related to different sub-sections of the legislation. (670)

2. . (670)

3. . (670)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Feb 28, 2022(A1)

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre: 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain.

O. Reg. 79/10, s. 48 (1).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with O. Reg. 79/10, s. 48(1).

Specifically the licensee must:

-re-educate all registered staff that work in the home related to completing wound care as per the physicians orders. Education must include the management of the wound care schedule if an as needed wound care is completed outside of the scheduled wound care.
-keep a record of the education that includes the content of the education, the date of the education and the names of staff that attended the education.
-conduct weekly audits of ordered wound care. Audits are to be conducted with 1 resident per unit that is exhibiting skin breakdown (if available). Residents are to be chosen randomly and should not be audited two weeks in a row unless there are no other residents on the unit that are exhibiting skin breakdown. Audits are to identify any deficiencies identified and any corrective actions taken.
-Audits will be completed for 6 months or until compliance is achieved.

Grounds / Motifs :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

1. The licensee has failed to ensure the skin and wound care program to provide for effective skin and wound care interventions were implemented.

Review of resident #002 and #004’s wound care documented that several assessments were not completed accurately, and there was no documentation to provide rationale as to why accurate wound care was not completed as per the home's policy. Furthermore, there was no process followed by the home to ensure that all as needed wound care, and scheduled wound care was addressed and completed with a consistent approach. The home's policy titled Skin and Wound Care Program, Tab 04-78, stated “Each wound will be treated using either an accepted Wound Care Protocol (see Village’s Skin and Wound company specific treatment protocols) or specific orders from physician or designate.”

Resident #004 said, each month there were times when their wound care was not completed.

Director of Nursing Care (DNC) #101 said the wound care should have been completed per the Physicians' orders and the process in the home. Additionally, if there was a valid reason the wound care could not be completed, there should have been a progress note to document the registered staffs rationale.

An order was made taking the following factors into account.
Severity: The homes failure to ensure that residents #002, #003 and #004 had accurate weekly wound assessments put them at risk for unidentified wound deterioration.
Scope: Widespread as the home did not ensure that residents #002, #003 and #004 had accurate weekly wound assessments completed.
Compliance History: The home has a compliance history of forty Written Notifications, eight Compliance Orders and twenty seven Voluntary Plans of Correction issued in the last 36 months related to different sub-sections of the legislation.

Sources: Resident #002, #003 and #004’s skin and wound assessments, the homes’ policy Skin and Wound Care Program, Tab 04-78 and interviews with management and other staff. (670)

2. . (670)

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Feb 28, 2022(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre: 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with O. Reg. 79/10, s. 229 (4).

Specifically the licensee must:

A) Re-educate all staff registered and non-registered and visitors with regards to the importance of their compliance with Directives #3 and #5 and the home's infection prevention and control policy titled, "universal masking."

B) A written record will be maintained by the home including,
- the content of the materials used to educate staff and visitors;
- the dates of each education session with an attendance list, including printed names and signatures of all attendees, and;
- the name of the staff member providing the education.

Grounds / Motifs :

1. The licensee has failed to ensure all staff participated in the implementation of the home's infection prevention and control program, and all visitors followed the home's Visiting in Long Term Care (LTC) during COVID policy.

Directive #3 effective date July 16, 2021, states, under the heading Universal Masking, "Staff – Homes must ensure that all staff comply with universal masking at all times, even when they are not delivering direct patient care, including in administrative areas. During their breaks, to prevent staff-to-staff transmission of COVID-19, staff must remain two metres away from others at all times and be physically distanced before removing their medical mask for eating and drinking. Masks must not be removed when staff are interacting with residents and/or in

designated resident areas."

Directive #5 effective date April 07, 2021, states, "For long-term care homes only, all staff must wear surgical/procedure masks at all times for source control for the duration of full shifts. This is required regardless of whether the home is in an outbreak or not. When staff are not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19. Visitors should use a face covering if the visit is outdoors. If the visit is indoors, a surgical/procedure mask must be worn at all times."

The home's policy titled, "Universal Masking" states, "It is the policy of Schlegel Villages to ensure we follow universal masking related to the COVID-19 pandemic. All visitors entering the Village, including team members will wear a surgical/procedure mask at all times while in the Village. One exception is during breaks, when the mask may be removed and physical distancing protocols followed."

On several dates the inspector observed a number of staff members with their masks around their chin, their noses and mouths exposed and in the presence of other team members, not physically distanced.

On several different dates the inspector observed some visitors with their masks below their chin, noses and mouths exposed.

General Manager (GM) #100, DNC #101, Assistant Director of Nursing Care (ADNC) #102, Neighborhood Coordinator (NC) #105 and Registered Nurse (RN) #129 all confirmed that staff and visitors are to wear a mask at all times when at the home as per the home's universal masking policy, as well as Directive #3 and #5.

Based on observations, interviews and record reviews the licensee failed to ensure all staff participated in the implementation of the infection prevention and control program and that visitors were following the home's visitor policy and Directives #3 and #5.

Sources: Inspector observations, review of the home's infection prevention and control policies, visitor policy, and interviews with management and other staff members. [s. 229. (4)]

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

An order was made by taking the following factors into account:
Severity: There was actual risk to more than one resident and or staff member related to certain staff members and visitors not complying with the home's universal masking and visitor policies or Directives #3 and #5.
Scope: The scope of the non-compliance was widespread, as more than one staff member and the safety of all residents were affected when the licensee failed to ensure all staff and visitors were compliant with universal masking.
Compliance history: Two compliance orders (CO) both complied were issued to the home in the last 36 months related to O. Reg. 79/10, s. 229. (740)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Dec 31, 2021(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l’envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l’envoi de la télécopie. Si un avis écrit de la décision du directeur n’est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l’expiration de ce délai.

Le/la titulaire de permis a le droit d’interjeter appel devant la Commission d’appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d’un ordre ou des ordres d’un inspecteur ou d’une inspectrice conformément à l’article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n’a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d’audience, il ou elle doit, dans les 28 jours de la signification de l’avis de la décision du directeur, donner par écrit un avis d’appel à la fois à :

la Commission d’appel et de révision des services de santé et au directeur

À l’attention du/de la registrateur(e)
Commission d’appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d’appels
Direction de l’inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d’appel, la CARSS en accusera réception et fournira des instructions relatives au processus d’appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 6 th day of December, 2021 (A1)

Signature of Inspector /
Signature de l’inspecteur :

Name of Inspector /
Nom de l’inspecteur :

Amended by SAMANTHA PERRY (740) - (A1)

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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Service Area Office / Bureau régional de services : London Service Area Office