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

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

Public Copy/Copie 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
May 10, 2021	2021_875501_0009	022844-20, 024593-20, 002968-21	Complaint

Licensee/Titulaire de permis

Vigour Limited Partnership on behalf of Vigour General Partner Inc.
302 Town Centre Blvd Suite 300 Markham ON L3R 0E8

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

Altamont Care Community
92 Island Road Scarborough ON M1C 2P5

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

SUSAN SEMEREDY (501)

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): April 7, 8, 9, 13, 14, 15, 16, 19, 20, 21, 22, 23, 2021.

The following intakes were completed in this complaint inspection:

Log #002968-21 related to personal support services, falls prevention and nutrition and hydration;
Log #024593-20 related to hospitalization and change in condition and nutrition and hydration; and,
Log #022844-20 a Follow-up to CO #001 from inspection #2020_748653_0020 with a compliance due date of January 15, 2021.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Directors of Care (ADOCs), Director of Resident Programs, Director of Environmental Services, Resident Care Co-ordinator, Social Worker, Physicians, Nurse Practitioner (NP), Physiotherapist, Infection Protection and Control Lead (IPAC Lead), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, substitute decision-makers, family members and residents.

During the course of the inspection, the inspectors observed resident and staff interactions and infection prevention and control practices. Inspectors also reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

Inspector #694426 was also present during this inspection.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition
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)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 69.	CO #001	2020_748653_0020	501

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. 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).

Findings/Faits saillants :

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

A resident had a medical condition which required regular monitoring of specific lab results. One day it was noted the resident had identified symptoms. The next day the resident started having additional symptoms and was sent to the hospital where it was determined they had abnormal values and an infection.

The resident's care plan listed symptoms of their condition being uncontrolled and ways to manage it which included monitoring for abnormal values. Documentation and interviews with staff indicated this monitoring was not completed after the resident presented with symptoms as described in their plan of care. An interview with the DOC acknowledged that in this case monitoring should have been completed rendering a failure to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Failing to monitor required values of a resident with an identified condition that presents with symptoms risks the resident having serious health complications.

Sources: Resident's health record and interviews with staff members. [s. 6. (7)]

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 care set out in the plan of care is provided to residents as specified in the plan, to be implemented voluntarily.

WN #2: 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 :

1. The licensee has failed to ensure that PSWs participated in the implementation of the infection prevention and control program.

An observation indicated a PSW entered a resident's room that was on contact and droplet precautions without performing infection prevention and control (IPAC) measures and wearing the appropriate personal protection equipment. An observation a day later indicated another PSW entered the same resident's room without performing the necessary precautions. Interviews with the IPAC Lead acknowledged that the PSWs should not have entered the room without performing the necessary precautions.

Observations indicated two PSWs delivering nourishments to residents did not attempt to assist them to perform a measure to prevent the spread of disease. The PSWs acknowledged there were items meant for this purpose on the nourishment cart but had forgotten to use them. An interview with the IPAC Lead stated the home's practice is to assist residents with performing this IPAC measure and these PSWs should have offered to assist the residents.

Failing to follow the home's IPAC practices puts residents at risk for infectious disease.

Sources: Observations and interviews with the home's IPAC Lead and other staff members. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 11th day of May, 2021

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

Original report signed by the inspector.