

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: November 7, 2024

Inspection Number: 2024-1349-0001

Inspection Type:
Critical Incident

Licensee: Chapleau Health Services

Long Term Care Home and City: The Bignucolo Residence, Chapleau

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 4 to 7, 2024

The following intake(s) were inspected:

- One Intake related to Outbreaks;
- One Intake related to Abuse;
- Two Intakes related to Loss of Essential Services.

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

Safe and Secure Home
Infection Prevention and Control
Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Cooling requirements

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 23 (4) (b)

Cooling requirements

s. 23 (4) The heat related illness prevention and management plan for the home shall be implemented by the licensee every year during the period from May 15 to September 15 and it shall also be implemented,

(b) anytime the temperature in an area in the home measured by the licensee in accordance with subsections 24 (2), (3) and (4) reaches 26 degrees Celsius or above, for the remainder of the day and the following day. O. Reg. 246/22, s. 23 (4).

The licensee has failed to ensure that the home's heat related illness prevention and management plan included, that the plan was to be implemented when the temperature in an area in the home reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

Sources: Home's Heat Related Illness Prevention and Management Plan; Records from the home.

WRITTEN NOTIFICATION: Responsive behaviours

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

Non-compliance with: O. Reg. 246/22, s. 58 (4) (c)

Responsive behaviours

s. 58 (4) The licensee shall ensure that, for each resident demonstrating responsive behaviours,

(c) actions are taken to respond to the needs of the resident, including assessments, reassessments and interventions and that the resident's responses to interventions

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are documented.

The licensee has failed to ensure that when a resident demonstrated responsive behaviours, actions were taken to respond to the resident's needs, including assessments, reassessments, and interventions.

Sources: A residents records; Policy from the home; and Interview with staff.

WRITTEN NOTIFICATION: Altercations and other interactions between residents

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

Non-compliance with: O. Reg. 246/22, s. 59

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

- (a) identifying factors, based on an interdisciplinary assessment and on information provided to the licensee or staff or through observation, that could potentially trigger such altercations; and
- (b) identifying and implementing interventions.

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between residents, by not identifying triggers and interventions in a resident's plan of care.

Sources: Resident's health records; Policy of the home; and Interview with staff.

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WRITTEN NOTIFICATION: Behaviours and altercations

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 60 (a)

Behaviours and altercations

s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee has failed to ensure that interventions were developed and implemented for a resident, to minimize the risk of additional harmful interactions between identified residents of the home.

Sources: A residents health records; a policy of the home; and Interview with staff.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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The licensee has failed to ensure that symptoms of infection in a resident were monitored on every shift between specified dates.

Sources: A resident's health records; Interviews with staff.

COMPLIANCE ORDER CO #001 Emergency plans

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ix.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
 - ix. loss of one or more essential services,

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

The licensee shall:

- a. Develop an emergency plan in relation to the loss of essential services, which addresses the required components set out in O. Reg. 246/22, s. 268 (5).

- b. Develop and implement a process for ensuring that all staff, volunteers, and students working in The Bignucolo Residence, are trained on the emergency plan developed in Part a). Keep a written record of who completed the training, the date they completed their training, who provided the training, and the contents of the training.

Grounds

The licensee has failed to ensure that there was a written emergency plan for the

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loss of one or more essential services.

Staff of the home confirmed there was no written emergency plan for the loss of essential services.

Sources: Home's policy database; A policy of the home; Interviews with staff.

This order must be complied with by January 6, 2025

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

The licensee shall:

- a. Retrain specified staff in relation to donning and doffing of PPE, as well as the indications and proper techniques for hand hygiene, with return demonstrations incorporated. This training must be documented, including who provided it, when it occurred, and what was covered.
- b. Conduct audits to ensure that staff are following the correct procedures for donning and doffing of PPE. The audits must be conducted at least two times a week, on different shifts, and continued for at least four weeks. Copies of the audits

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must be maintained.

Grounds

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control (IPAC) was complied with.

In accordance with Additional Requirement 9.1 (f) under the IPAC Standard for Long-Term Care Homes, revised September 2023, the licensee was required to ensure that Additional Precautions were followed in the IPAC program. Specifically, that personal protective equipment (PPE) was appropriately applied and removed by specified staff.

Failure to ensure that the staff donned and doffed their PPE appropriately put residents at an increased risk for infection.

Sources: Observations; PPE related records; and Interviews with staff.

This order must be complied with by January 6, 2025

COMPLIANCE ORDER CO #003 CMOH and MOH

NC #008 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

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

The licensee shall:

- a. Create and implement a documented plan to ensure that all high-touch surfaces in common areas used by residents in the home, are cleaned and disinfected at least twice daily during a suspected or confirmed outbreak.
- b. Re-train specified staff on the process outlined in section a.
- c. Keep a record of the education provided, including the date, the name(s) who provided the education, and the names of the staff who attended.

Grounds

The licensee has failed to ensure that all recommendations issued by the Chief Medical Officer of Health were followed in the home. Specifically, cleaning and disinfecting high-touch surfaces in all common areas accessed by residents in the home at least twice daily during a confirmed outbreak.

Staff members confirmed that the once-daily cleaning and disinfecting practices for high-touch surfaces in the home remained unchanged during an outbreak and that the required cleaning of at least twice daily during outbreaks, was not being done.

Sources: Observations; Infection Prevention and Control related records; and Interviews with staff.

This order must be complied with by January 6, 2025

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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

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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

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:

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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.