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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 18, 2020	2020_605213_0031	023802-20	Complaint

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

Blenheim Community Village
10 Mary Avenue Blenheim ON N0P 1A0

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

RHONDA KUKOLY (213), DONNA TIERNEY (569)

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): December 14, 15, 16, 2020.

This complaint inspection was completed related to consent for treatment.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Associate Director of Care, the Infection Prevention and Control Manager, A Social Services Worker, the Office Manager, the Environmental Services Manager, a Registered Nurse, Registered Practical Nurses, residents and family members.

The inspectors also made observations and reviewed health records, policies and procedures, communications and other relevant documentation.

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

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 VPC(s)**
- **0 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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (5) The licensee shall ensure that the resident, the resident's substitute decision-maker, if any, and any other persons designated by the resident or substitute decision-maker are given an opportunity to participate fully in the development and implementation of the resident's plan of care. 2007, c. 8, s. 6 (5).

Findings/Faits saillants :

1. The licensee has failed to ensure that two residents and two residents' substitute decision-makers were given an opportunity to participate fully in the development and implementation of the resident's plan of care regarding testing for Covid-19.

A resident was not capable of providing informed consent and had three swabs for Covid-19 taken on. The resident's POA was not contacted prior to the swab being taken to provide consent for any of the swabs and would have refused if given the choice. They said they would have preferred 14 days of isolation and full precautions rather than the test. Another resident was not capable of providing informed consent and had two swabs for Covid-19 taken; there was no documentation that the resident's POA was contacted for consent or options provided.

Two other residents had a Covid-19 swab taken. They both have a Cognitive Performance Score of zero and both said that they were not given a choice to have the swab taken, that the staff told them they had to do it. One of the residents said that they would have refused the swab if they were given a choice.

The home's policy Infection Surveillance and Disease Reporting policy regarding resident testing for Covid-19 stated: The Nurse, Physician or Nurse Practitioner must:
1. Ensure informed consent is obtained prior to testing
2. Perform nasal pharyngeal swab and collect specimen.

A registered staff member said they took a swab for Covid-19 from a resident and called the resident's POA to inform them after it was completed. They said that resident's POA was very upset that they were not called before the swab was taken and that they would have refused if they were given a choice.

The Associate Director of Care (ADOC) said that prior to taking a swab for Covid-19, informed consent must be obtained from the resident if they are capable of providing that consent and if not, from their POA or Substitute Decision Maker (SDM). Residents or their SMD were not given the opportunity to participate in decision making about having Covid-19 swabs completed or alternatives.

Sources: Residents #001, 002, 003, 004's progress notes and lab results, the Revera policy "Infection Surveillance and Disease Reporting" #PIC6-010.04 dated July 15, 2020, interviews with residents #001, 002, 003, 004, resident #001's POA, RPNs #103 and #105, RN #104 and ADOC #102. [s. 6. (5)]

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 or residents' substitute decision-makers are given an opportunity to participate fully in the development and implementation of the resident's plan of care regarding testing for Covid-19, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Findings/Faits saillants :

1. The licensee has failed to ensure that a verbal complaint made to a staff member concerning the care of a resident regarding consent for a Covid-19 swab was investigated and resolved within 10 business days of the receipt of the complaint and a response made to the person who made the complaint, indicating what the licensee did to resolve the complaint and it was not documented.

The Power of Attorney (POA) for a resident voiced a complaint to a registered staff member that consent was not obtained before a Covid-19 swab was obtained. The POA lodged the same complaint to the Ministry of Long-Term Care (MLTC) eleven days later.

The home's complaints policy stated: If concerns cannot be resolved immediately at point-of-service, the individual who is first aware of a concern will initiate the Client Service Response (CSR) Form. A copy of the initial form will be forwarded to the member of the team who will be responsible for the resolution to the concern.
- The concern will be responded to within 24-48 hours (2 business days).
- The CSR form will be completed in full and all actions taken during the investigation will be documented.

The Associate Director of Care (ADOC) stated that they were aware of the complaint from the resident's POA regarding consent not being obtained for a swab for Covid-19. They said that there was no CSR form completed related to complaint and the only follow up completed was that staff apologized to the resident's POA at the time and attempted to have the processing cancelled, but were unable. This complaint related to lack of consent for treatment was not documented or followed up on.

Sources: Resident #001's progress notes, the Revera Policy "Management of Concerns, Complaints, Complements and Requests" #Admin3-010.01, dated March 31, 2020, interviews with resident #001, resident #001's POA, RPNs #103 and #105, RN #104 and ADOC #102. [s. 101.]

Issued on this 18th day of December, 2020

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

Original report signed by the inspector.