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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## 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 |
|---|---|---|---|
| Jun 28, 2021 | 2021_638542_0013 | 006651-21, 008649-21, 009214-21 | Complaint |

## Licensee/Titulaire de permis

F. J. Davey Home
733 Third Line East Sault Ste. Marie ON P6A 7C1

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

F.J. Davey Home
733 Third Line East Sault Ste. Marie ON P6A 7C1

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

JENNIFER LAURICELLA (542), LISA MOORE (613)

## 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): June 14 - 18 and 21, 2021.**

**The following intakes were inspected;**

**One intake, related to the temperature of the home,**

**One intake, related to resident care concerns and**

**One intake related to visitor restrictions and resident care concerns.**

**A Critical Incident (CI) inspection was completed concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Executive Director of Care (EDOC), Director of Care (DOC), Director of Environmental Services, Assistant Director of Environmental Services, Algoma Public Health Inspector, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Behaivoural Supports Ontario Staff, Housekeeping staff, Personal Support Workers (PSWs), Support Aides, residents and family members.**

**The Inspectors observed the provision of care that was provided to the residents during the inspection, observed Infection Prevention and Control (IPAC) practices, reviewed relevant resident health care records and policies and procedures relevant to the inspection.**

**The following Inspection Protocols were used during this inspection:**
**Infection Prevention and Control**
**Personal Support Services**
**Safe and Secure Home**

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

| **NON-COMPLIANCE / NON - RESPECT DES EXIGENCES** | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 3. Residents’ Bill of Rights**

**Specifically failed to comply with the following:**

**s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:**
**14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that residents had the right to receive essential caregivers of their choice.

A Complaint was submitted to the Director related to concerns that essential caregivers were being restricted from entering the long-term care home around November, 2020.

As per COVID-19 Directive #3 effective on October 7, 2020 and December 26, 2020, long-term care homes were responsible to manage essential caregivers and balance the need to mitigate risks to residents, staff and visitors with the mental, physical and spiritual needs of residents for their quality of life. If the local public health unit is in the Green or Yellow zone and the home is not in an outbreak, a maximum of two caregivers per resident may visit at a time.

Inspector #542 interviewed the Administrator who indicated in November 2020, the home decided to go above and beyond the Directive by only allowing one caregiver to visit a resident per day. They were not allowed to leave the home and return later to visit the resident. The Administrator indicated that the decision to do this was to decrease the amount of traffic coming in and out of the building, minimizing potential exposure to COVID-19.

An electronic mail communication addressed to essential caregivers dated December, 2020, issued from the F.J. Davey Home, indicated that only one essential caregiver per resident per day was permitted. Subsequent electronic mail communication dated June, 2021 indicated that the home had previously allowed one essential caregiver per day per resident however as of June 21, 2021 the home would be allowing two visits per day at separate times and they could come and go if they required to.

Sources: Complaint intake; COVID-19 Directive #3 for Long-Term Care Homes under the Long- Term Care Homes Act, 2007 dated October 7, 2020, December 26 and 28, 2020; Ministry of Long-Term Care “COVID-19: visiting long-term care homes" policy dated December 26, 2020; Electronic mail communication to essential caregivers from F.J Davey Home and interviews with the Administrator. [s. 3. (1) 14.]

***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 the following rights to residents are fully respected and promoted: 14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference, to be implemented voluntarily.***

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**WN #2: 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 resident's substitute decision-maker, was given an opportunity to participate fully in the development and implementation of the resident's plan of care.

A complaint was submitted Director outlining care concerns related to a resident. The complainant had indicated that the home failed to notify them of changes made to the resident's treatment protocol pertaining to their skin.

Inspector #542 reviewed the residents "Treatment Administration Record (TAR)" and noted that two specific treatments were ordered to assist with the healing of some excoriation on the resident's skin.

The Administrator indicated that they had failed to communicate the changes to the substitute decision-maker regarding the orders for the treatment of the resident's skin.

Sources: Complainant intake; the resident's care plan, physician's orders, TARS; interview with the complainant and the Administrator. [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 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, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the Preventing Heat-Related Illnesses policy was in compliance with all applicable requirements under the Act.

O. Reg. 79/10, s. 21 (2) and O. Reg. 79/10, s. 21 (3)., requires that the temperature is measured and documented in writing, at a minimum in the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home., and;
4. the temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The licensee policy titled, “Preventing Heat-Related Illnesses” (RC-08-01-04) last updated June 2020, did not indicate obtaining temperature readings in all of the required areas or at the required specified times as outlined in the Ontario Regulation 79/10. The policy identified to monitor daily indoor temperatures once outdoor temperatures reached or exceeded 26 degrees Celsius.

The Director of Environmental Services verified this was the most current version of the policy and that it had not been updated.

Sources: April 1, 2021 memo regarding amendments to Ontario Regulation 79/10 related to enhanced cooling requirements; Preventing Heat-Related Illnesses Policy; interviews with the Director and Assistant Director of Environmental Services. [s. 8. (1) (a)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature**

**Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**
**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**
**2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).**
**3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the air temperature was measured and documented in writing, at a minimum of at least two resident bedrooms in different parts of the home, one resident common area on every floor of the home and every designated cooling area.

As per the amendments to Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007, related to enhanced cooling requirements, which was sent April 1, 2021, with an effective date of May 15, 2021, Long-Term Care Home's were required to measure and document the air temperature, at a minimum, in certain specified areas in the Long Term Care home at specified intervals.

The Assistant Director of Environmental Services (ADES) identified that air temperatures were monitored daily in different locations in the home, which included a resident room, a common area or cooling area, but each area did not always have the air temperature monitored daily. The ADES verified that the maintenance staff did not obtain temperature readings in all of the required areas outlined in the Ontario Regulation 79/10.

Sources: April 1, 2021 memo regarding amendments to Ontario Regulation 79/10 related to enhanced cooling requirements; Temperature Screening Log; interviews with the Director and Assistant Director of Environmental Services. [s. 21. (2)]

2. The licensee has failed to ensure that the temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

A review of the licensee's document titled, "Temperature Screening Log" failed to demonstrate that air temperatures were being taken three times daily. The ADES verified that the maintenance staff did not obtain temperature readings at the required specified times as outlined in the Ontario Regulation 79/10.

Sources: April 1, 2021 memo regarding amendments to Ontario Regulation 79/10 related to enhanced cooling requirements; Temperature Screening Log; interviews with the Director and Assistant Director of Environmental Services. [s. 21. (3)]

**Issued on this 28th day of June, 2021**

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

**Original report signed by the inspector.**