

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 22, 2022	2022_822613_0004	018621-21	Complaint

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**Licensee/Titulaire de permis**

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

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

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

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

LISA MOORE (613), JENNIFER LAURICELLA (542)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): March 7-11 and 15-16, 2022.**

**The following complaint was inspected during this inspection:**

**One complaint regarding concerns with the home's visitation policy.**

**A concurrent Follow Up Inspection #2022\_822613\_0003 and Critical Incident Inspection #2022\_822613\_0005 were also conducted during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator (ADM), Executive Directors of Care (EDOC), Directors of Care (DOCs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Infection Prevention and Control Coordinator (IPAC Coordinator) and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, infection prevention and control (IPAC practices), staff to resident interactions, reviewed health care records, and various licensee's policies, procedures and programs.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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

**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, as per COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007.

A complaint was submitted to the Director related to concerns that essential caregivers were being restricted from entering the long-term care home.

As per COVID-19 Directive #3, effective on December 9, 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.

An electronic mail communication addressed to essential caregivers, issued from the F. J. Davey Home, indicated that the home was not in an outbreak; however, they were reducing the visitations to the home to one essential caregiver per resident per day and visits from general visitors would be stopped for eight days. An additional electronic mail communication, issued from the F. J. Davey Home, indicated that they would be extending the reduced visitation.

The Administrator (ADM) indicated that there were times when the home went above the Directives and limited visitation.

Sources: Complainant; COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007; Ministry of Long-Term Care "COVID-19: Visiting long-term care homes" policy; Electronic mail communication to essential caregivers from the F. J. Davey Home and interview with the ADM. [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 that residents had the right to receive essential caregivers of their choice, as per COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, to be implemented voluntarily.***

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**Issued on this 23rd day of March, 2022**

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

**Original report signed by the inspector.**