

**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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130 Dufferin Avenue 4th floor
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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
Nov 15, 2021	2021_961243_0002	012318-21	Critical Incident System

Licensee/Titulaire de permis

Fiddick's Nursing Home Limited
437 First Avenue P.O. Box 340 Petrolia ON N0N 1R0

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

Fiddick's Nursing Home
437 First Avenue P.O. Box 340 Petrolia ON N0N 1R0

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

ANGELA FINLAY (705243), ALI NASSER (523)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 9 and 15, 2021.

The following intake was completed in this Critical Incident inspection related to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with the Assistant Director of Care (ADOC), the Environmental Services Manager (ESM), a Public Health Nurse, Registered Practical Nurses (RPNs), a Personal Support Worker (PSW), and housekeepers.

The inspector(s) also toured the home, observed residents and common areas, and reviewed IPAC practices and resident health records.

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

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

2 WN(s)

1 VPC(s)

1 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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe environment related to the failure to maintain infection prevention and control measures specified in Directive #3 and relevant guidance documents, regarding the immediate implementation of active screening of all people, including staff, entering the home, to protect residents from

COVID-19.

The Directive has been revised as necessary and the initial effective date of active staff screening was to be implemented immediately as of March 30, 2020. Directive #3 effective date, July 16, 2021 was the Directive in effect at the time of the inspection.

The COVID-19 Directive #3 for Long-Term Care Homes stated “Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.”

Observations during inspection showed that staff would complete screening through a screening application and proceed to home care areas.

In an interview, the ADOC said staff were completing the screening electronically on their own and if they failed the screening the Medical Administrative Assistant (MAA) would be notified. There was nobody observing the staff while completing the screening or ensuring that every staff member completed the screening at the beginning of their shift. ADOC said this process started before they started working at the home and they said this process was not considered active screening.

In an interview, a Public Health Nurse said every LTC home should ensure that staff were actively screened at the beginning of the shift by having somebody ask the staff the screening questions or observe the staff while completing the screening online.

In an interview, the ADOC said the home would be changing the process by having all staff complete the screening process on the first floor under the MAA observations or the Registered Nurse (RN).

Public Health Nurse informed inspector on a certain date that a staff member with COVID-19 symptoms worked a shift without completing any screening. Specific residents were showing symptoms of COVID-19.

Sources: observations, interviews with ADOC and Public Health Nurse and COVID-19 Directive #3 for Long-Term Care Homes (LTCH's). [s. 5.]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

**s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a)
of the Act, the licensee shall ensure that procedures are developed and
implemented for,**

**(b) cleaning and disinfection of the following in accordance with manufacturer's
specifications and using, at a minimum, a low level disinfectant in accordance with
evidence-based practices and, if there are none, in accordance with prevailing
practices:**

**(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift
chairs,**

**(ii) supplies and devices, including personal assistance services devices,
assistive aids and positioning aids, and**

(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that procedures were developed and implemented for the cleaning and disinfection of contact surfaces using a low-level disinfectant in accordance with evidence-based practices.

Public Health Ontario's, "Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 3rd Edition" stated that there should be systems in place to ensure the efficacy of disinfectants over time (e.g., frequent testing of the product and review of the expiry date).

During the inspection, a low-level disinfectant being used was found to be expired.

Upon interview with the ESM, they acknowledged that the low-level disinfectant being used in a specific unit was expired. They also indicated that they did not currently have any procedures in place to review the expiration dates of the low-level disinfectants being used in the home.

Sources: Public Health Ontario's, "Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 3rd Edition", observations and interview with ESM. [s. 87. (2) (b)]

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 procedures are developed for reviewing the expiration dates of low-level disinfectants being used in the home, to be implemented voluntarily.

Issued on this 15th day of November, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : ANGELA FINLAY (705243), ALI NASSER (523)

Inspection No. /

No de l'inspection : 2021_961243_0002

Log No. /

No de registre : 012318-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Nov 15, 2021

Licensee /

Titulaire de permis : Fiddick's Nursing Home Limited
437 First Avenue, P.O. Box 340, Petrolia, ON, N0N-1R0

LTC Home /

Foyer de SLD : Fiddick's Nursing Home
437 First Avenue, P.O. Box 340, Petrolia, ON, N0N-1R0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Michael Fiddick

To Fiddick's Nursing Home Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Order / Ordre :

The licensee must comply with s. 5 of the LTCHA.

Specifically, the licensee must

1. Review and implement active screening protocols for staff and any other persons as per Directive #3.
2. Ensure a designated personnel completes the active screening for every staff or observe every staff completing the screening electronically before entering the home.
3. Ensure staff who fail or do not complete the screening are not allowed into the home.

Grounds / Motifs :

1. The licensee has failed to ensure that the home was a safe environment related to the failure to maintain infection prevention and control measures specified in Directive #3 and relevant guidance documents, regarding the immediate implementation of active screening of all people, including staff, entering the home, to protect residents from COVID-19.

The Directive has been revised as necessary and the initial effective date of active staff screening was to be implemented immediately as of March 30, 2020. Directive #3 effective date, July 16, 2021 was the Directive in effect at the time of the inspection.

The COVID-19 Directive #3 for Long-Term Care Homes stated "Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit."

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Observations during inspection showed that staff would complete screening through a screening application and proceed to home care areas.

In an interview, the ADOC said staff were completing the screening electronically on their own and if they failed the screening the Medical Administrative Assistant (MAA) would be notified. There was nobody observing the staff while completing the screening or ensuring that every staff member completed the screening at the beginning of their shift. ADOC said this process started before they started working at the home and they said this process was not considered active screening.

In an interview, a Public Health Nurse said every LTC home should ensure that staff were actively screened at the beginning of the shift by having somebody ask the staff the screening questions or observe the staff while completing the screening online.

In an interview, the ADOC said the home would be changing the process by having all staff complete the screening process on the first floor under the MAA observations or the Registered Nurse (RN).

Public Health Nurse informed inspector on a certain date that a staff member with COVID-19 symptoms worked a shift without completing any screening. Three residents were showing symptoms of COVID-19, one of these residents was hospitalized related to COVID-19 symptoms.

Sources: observations, interviews with ADOC and Public Health Nurse and COVID-19 Directive #3 for Long-Term Care Homes (LTCH's). [s. 5.]

An order was made by taking the following factors into account:

Severity: There was a risk to the residents by not actively screening staff for COVID-19 symptoms before entering the home.

Scope: Widespread as all staff had not been actively screened.

Compliance History: There was no previous non-compliance to this sub-section.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

(523)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 16, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 15th day of November, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Angela Finlay

Service Area Office /

Bureau régional de services : London Service Area Office