

**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**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111

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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 2, 2020	2020_823653_0023	022642-20	Critical Incident System

Licensee/Titulaire de permis

Poranganel Holdings Limited
2231 Medhat Drive Mississauga ON L5B 2E3

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

King City Lodge Nursing Home
146 Fog Road King City ON L7B 1A3

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

ROMELA VILLASPIR (653)

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 25, and 26, 2020.

During the course of the inspection, Critical Incident (CI) Log #022642-20 related to an outbreak, was inspected.

During the course of the inspection, the inspector toured the home, observed the residents, provision of care, and infection prevention and control practices.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSWs), Registered Practical Nurse (RPN), Registered Nurse (RN), Administrative Assistant (AA), York Region Public Health Inspectors, Southlake hospital Infection Prevention and Control (IPAC) Extender, Southlake hospital managers, and the Administrator.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home
Sufficient Staffing**

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

2 WN(s)

2 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 O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work.

The home submitted a Critical Incident Report (CIR) to the Director, related to an outbreak in the home.

Separate interviews with the Registered Nurse (RN) and the Administrative Assistant (AA) indicated that the home had been working short staffed since the outbreak started. An interview with the agency Registered Practical Nurse (RPN) indicated it was their fourth day working in the home and they had been working short since they started. The agency RPN stated they had to take over the duties of the PSW two days in a row because they did not have enough PSWs on the floor. The RN stated their normal staffing compliment was four PSWs in the day shift and three PSWs in the evening shift, and they had not been working with this full staffing compliment. The RN indicated that insufficient staffing resulted in reduced brief changes and continence care not provided as often as it had to be, totally dependent residents who were in bed were not being turned and repositioned every two hours, and two of those residents had developed new skin impairments. Separate interviews with the two managers from Southlake hospital acknowledged that insufficient staffing was still an on-going concern in the home. One Southlake manager indicated there was one instance when they arrived in the home and there was only one PSW working on-site, and another instance wherein they changed a resident's brief that was heavily soaked due to not receiving frequent brief changes. The Southlake manager further acknowledged that turning and repositioning of dependent residents were definitely not being done due to not having enough staff to do it.

An interview with the Administrator indicated their awareness of insufficient staffing as a major concern in the home. The Administrator acknowledged that the risk associated to insufficient staffing would be care not provided to residents as specified in their plan of care.

Sources: Inspector #653's observations; interviews with the RN, AA, RPN, Administrator, and the Southlake hospital managers. [s. 31. (3) (d)]

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 staffing plan include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (3) Every licensee of a long-term care home shall ensure that the equipment, supplies, devices and assistive aids referred to in subsection (1) are readily available at the home. O. Reg. 79/10, s. 49 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that supplies referred to in subsection (1) were readily available at the home.

According to O. Reg. 79/10, s. 49 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

Separate interviews with two managers from Southlake hospital indicated there were not enough fall mats available in the home to place in rooms of residents who were at risk for falls.

An interview with the Administrator indicated their awareness of insufficient supply of fall mats. The Administrator acknowledged that the risk associated to not having enough fall mats available may lead to potential falls with injuries.

Sources: Interviews with the Administrator, and the Southlake hospital managers. [s. 49. (3)]

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 equipment, supplies, devices and assistive aids referred to in subsection (1) of O. Reg. 79/10, s. 49, are readily available at the home, to be implemented voluntarily.

Issued on this 4th day of December, 2020

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

Original report signed by the inspector.