

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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
Dec 21, 2020	2020_668543_0021	021342-20, 022843-20	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Waters Edge Care Community
401 William Street North Bay ON P1A 1X5

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

TIFFANY BOUCHER (543)

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): November 30-December 4, 2020, and offsite inspection duties on December 9, 2020.

The following complaints that were submitted to the Director were inspected during this inspection:

-one complaint, related to resident care and Infection Prevention and Control concerns, and

-one complaint, related to resident restrictions related to the COVID-19 pandemic.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Director of Environmental Services, Resident Relation Coordinator, Vice President of Sienna Regional Operations, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), family members and residents.

The Inspector conducted daily observations of the provision of care provided to the residents, staff to resident interactions, reviewed relevant health care records, internal investigation documents and policies and procedures.

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

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).

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that three residents had their right respected and promoted to receive visitors of their choice without interference.

During the inspection the Inspector observed a resident's visitor turned away at the front door of the home from visiting as a result of them not having a COVID test done in the last seven days. As a result, the resident's right to receive a visitor of their choice was not respected or promoted.

The Inspector reviewed a policy titled Ministry of Long-Term Care "COVID-19 Visiting Policy", effective date November 23, 2020. The policy indicated that screening requirements under Directive #3 apply to all types of visitors. If the local public health unit is in the Green-Prevent level, caregivers are required to be tested every two weeks, and provide proof of a negative COVID-19 test result in the past two weeks.

The Inspector reviewed a policy titled "Visitors (COVID-19)(ON)". The policy provided guidance for how visiting can be scheduled and facilitated across the organization's care communities in accordance with Directive #3 issued by the Chief Medical Officer of Health. The role that families, friends, and visitors play in providing caregiving and emotional support was important to the quality of life for long term care residents.

The Inspector spoke with the Resident Relations Coordinator, who indicated that

essential visitors/resident care givers are now required to be swabbed for COVID-19 weekly. Each swab result is only good from the day the test was taken (7 days). When they visit the home the visitor must provide the home with proof of the result.

The Inspector interviewed the Vice President (VP) of Sienna who acknowledged that the Residents' Rights were not being met by not allowing visitors in the home to visit residents. They also verified that essential visitors/caregivers were now required to be tested for COVID on a weekly basis and provide proof to the home.

Sources: complaint intake, Inspector observations, COVID-19 Directive #3 for Long-Term Care Homes effective date November 22, 2020, policies titled "Visitors (COVID-19)(ON)" and Ministry of Long-Term Care "COVID-19 Visiting Policy", and interview with VP of Sienna and staff members. [s. 3. (1) 14.]

2. The licensee has failed to ensure that a resident had the right to pursue social, and other interests, and to be given reasonable assistance by the licensee to pursue these interests.

A complaint intake was submitted to the Director, whereby a resident brought forward concerns related to the licensee not allowing residents to leave the home as a result of the COVID-19 pandemic.

In a conversation with a resident they stated that the licensee was not allowing them to leave the home due to the COVID-19 pandemic. The resident indicated that they could not understand why, as the home was not in a red level and that they felt that was infringing on their Residents' Rights.

The Inspector reviewed a document titled "Leave of Absence Guidelines During COVID-19 Pandemic (ON)". The document indicated that Sienna Care Communities will restrict leaves of absence to essential medical appointments and compassionate reasons only.

The Inspector interviewed the VP of Sienna who acknowledged that the Residents' Rights were not being met by not allowing a resident to leave the home.

Sources: complaint intake, COVID-19 Directive #3 for Long-Term Care Homes dated November 22, 2020, policy titled "Leave of Absence Guidelines During COVID-19 Pandemic (ON)" and interviews. [s. 3. (1) 23.]

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 have the right to pursue social interests, and that residents have the right to receive visitors of their choice, to be implemented voluntarily.

Issued on this 23rd day of December, 2020

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

Original report signed by the inspector.