

**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  
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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>
Dec 14, 2021	2021_947752_0006	014435-21, 017522-21	Complaint

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**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**Langstaff Square Care Community  
170 Red Maple Road Richmond Hill ON L4B 4T8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

LUCIA KWOK (752)

**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 8, 9, 10, 12, 16, 17, and 18, 2021.**

**The following intakes were completed in this complaint inspection:**

**A log was related to concerns with resident's plan of care, personal support services, nutrition, and visitation;**

**A log was related to concerns with visitation.**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSW), receptionist, Registered Practical Nurses (RPN), Registered Nurses (RN), the Infection Prevention and Control (IPAC) lead, the Assistance Director of Care (ADOC), the Director of Care (DOC), and the Executive Director (ED).**

**During the course of the inspection, the inspector conducted a tour of the home, observed the provision of care, and resident and staff interactions. The inspector reviewed pertinent clinical records, and relevant policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Falls Prevention**

**Personal Support Services**

**Safe and Secure Home**

**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 three residents' rights to receive visitors of his or her own choice was fully respected and promoted.

The Ministry of Long-Term Care (MLTC) received two complaints related to visitations. The residents' substitute decision makers (SDM) indicated they were concerned that the residents' well being and emotional care needs were not being met due to the restrictions in visits.

Directive #3, effective July 16, 2021, directed Long-Term Care Homes (LTCHs) must follow the MLTC's COVID-19 Guidance Document for Long-Term Care Homes in Ontario.

The MLTC's document titled, COVID-19 guidance document for long-term care homes in Ontario, effective October 1, 2021, directed LTCHs that residents have a right under the Long-Term Care Homes Act, 2007, to receive visitors and homes should not develop policies that unreasonably restrict this right.

The ED stated that the corporate visitors policy was tailored into a visitors framework document for the care community. The ED stated that this framework document was provided and communicated to residents' families. The document titled, "Revised and updated guidelines for indoor visitations and short-term (day) absences", outlined the following:

- a maximum of two visitors (e.g.: essential caregiver and/or general visitor) can visit a resident at the same time.
- a choice of five cumulative types of visits (indoor or window) per week for each resident
- designated essential caregivers were allowed up to two hours per visit between 1000 hours (hrs) to 1900 hrs.

A revised version of this document outlined the update of a choice of seven cumulative types of visits (indoor or window) per week for each resident.

A resident's SDM shared that the resident had voiced concerns related to feeling of isolation in the LTCH. As such, the SDM and their essential caregivers requested to increase visits to meet the emotional and care needs of the resident. Email communication between the SDM and the home's ED indicated that the home had allowed the resident's essential caregiver to visit twice a day for four days per week, with

a maximum of five visits per week. After the policy revision, the home had increased the visits to seven days per week but with time limit of two hours per visit.

Another SDM sent an email to the ED to request for one essential visitor and two general visitors to visit with the resident. However, the home had denied the request as there was a maximum of two visitors allowed per visit according to their visitors framework. The ED's email response further indicated that the home only accommodated two visitors at a time, essential visitor or general visitors, and the time allotted for general visitors was shorter.

The receptionist indicated that according to the home's revised visitors policy, there was a maximum of two visitors per resident per visit and the visitors had to visit together. The receptionist further stated that if a SDM requested for more than two visitors for a visit they were not able to accommodate and would direct the SDM to connect with the management team.

RPN #112 stated that the two visitors were allowed per resident per visit and the length of visit was dependent on the type of visitor. RPN #115 stated the exception was that palliative residents were to receive more visits.

According to York Region Public Health Inspector (PHI), no additional public health measures were recommended to the home in regards to their visitors policies and the LTCH should follow Directive #3 and the MLTC's guidance documents.

LTCHs were responsible for supporting residents in receiving visitors while mitigating the risk of exposure to COVID-19. Further, homes were responsible for establishing and implementing visiting practices that comply with Directive #3, the Minister's Directive and the MLTC's COVID-19 guidance documents. The residents' emotional well-being were at risk when the home limited the frequency, the length, and the number of visitors.

Sources: Interview with York Region PHI, residents' SDMs, ED, receptionist, RPN and staff; Directive #3 (July 16, 2021); MLTC's COVID-19 guidance document for LTCHs in Ontario, The home's visitor's framework and policy, email correspondence. [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 ensure that 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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**Issued on this 16th day of December, 2021**

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

**Original report signed by the inspector.**