

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central East District**  
33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

<b>Original Public Report</b>	
<b>Report Issue Date:</b> July 18, 2023	
<b>Inspection Number:</b> 2023-1128-0003	
<b>Inspection Type:</b> Complaint Follow up Critical Incident System	
<b>Licensee:</b> Mariann Nursing Home and Residence	
<b>Long Term Care Home and City:</b> Mariann Home, Richmond Hill	
<b>Lead Inspector</b> Moses Neelam (762)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Diane Brown (110)	

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 27, 29-30, and July 4-6, 2023

The following intake(s) were inspected:

- Intake #00003253 related to Compliance Order (CO) #002 from Inspection #2022-1128-0001 regarding Infection Prevention and Control (IPAC)
- Intake #00003690 related to CO #001 from Inspection #2022-1128-0001 regarding restraints
- Intake related to an incident that led to a significant change for which the resident was taken to the hospital
- Intake #00018674 related to a CO #001 regarding IPAC from Inspection #2022-1128-0002
- Intake related to multiple areas of concerns

### **Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2022-1128-0001 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Moses Neelam (762)

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Order #001 from Inspection #2022-1128-0001 related to O. Reg. 246/22, s. 112 inspected by Moses Neelam (762)

Order #001 from Inspection #2022-1128-0002 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Moses Neelam (762)

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

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Food, Nutrition and Hydration
- Infection Prevention and Control
- Falls Prevention and Management
- Restraints/Personal Assistance Services Devices (PASD) Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### **NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg. 246/22, s. 93 (2) (a) (i)

The licensee failed to ensure that as part of the organized program of housekeeping, procedures were implemented for the cleaning of a resident's bedroom.

#### **Rationale and Summary**

A complaint was received by the Ministry of Long Term Care (MLTC) around the lack of housekeeping and cleaning of a resident's room, in particular radiators and shelves.

During the inspection, Inspector #110 observed a resident room. The room revealed dust accumulation and dirt in certain parts of the room, that was acknowledged as unclean by the housekeeper. The

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housekeeper stated it was not their responsibility to dust or clean this area of the room but that an extra housekeeper was scheduled monthly.

The home's "Housekeeping" policy, indicated the housekeeper was to dust and damp wipe these areas weekly and wash monthly. The Administrator/Manager of Housekeeper confirmed the policy in that housekeepers were expected to dust and clean these areas weekly, and an extra housekeeper would wash these areas monthly. The home's policy was revised to include the weekly and monthly housekeeper responsibility. This area was cleaned during the inspection.

The home failed to implement their housekeeping policy which promotes infection control and a clean environment.

There was a low impact to residents as the area was cleaned during the inspection.

**Sources:** Observations, "Housekeeping" Policy, interviews with housekeeper #100 and Administrator/Manager of Housekeeping. [110]

Date Remedy Implemented: July 6, 2023

**NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)**  
O. Reg. 246/22, s. 93 (2) (b) (i)

The licensee failed to ensure that as part of the organized program of housekeeping procedures were implemented for the cleaning of resident care equipment.

### **Rationale and Summary**

A complaint was received by the MLTC around unclean resident care equipment, specifically equipment stands.

During the inspection, Inspector #110 observed the resident equipment on the second and third floor to be heavily soiled. Interviews with Registered Practical Nurses (RPN) and the housekeeper revealed a lack of understanding of who and when equipment was to be cleaned.

The Director of Care (DOC) confirmed that the resident equipment, were not identified on the registered nursing staff cleaning schedules. The home's schedule was revised, and a new policy created to include the additional resident care equipment. The equipment was cleaned during the inspection.

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The home failed to develop cleaning procedures for all resident care equipment to promote infection control and a clean environment.

There was a low impact to residents as the resident care equipment was cleaned during the inspection

**Sources:** Observations, 'Resident & Nursing Shared Equipment Policy and Procedures' policy #06-01-05, dated June 30, 2023, interviews with housekeeper #100, RPNs #101, #102, DOC and Administrator/Manager of Housekeeping. [110]

Date Remedy Implemented: July 6, 2023

**NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O. Reg. 246/22, s. 271 (1) (c) (iv)

The licensee has failed to ensure that they have a website that is open to the public and includes at a minimum, the direct contact information, including a telephone number and email address that are monitored regularly for the Infection Prevention and Control (IPAC) lead.

**Summary and Rationale**

A review of the Long-Term Care Home's (LTCH) IPAC program was conducted. The LTCH's website on a certain date, did not include the IPAC lead's information. In an interview, the DOC indicated that they were the IPAC lead of the home. Furthermore, the Chief Executive Officer (CEO)/Administrator indicated that the IPAC lead was not mentioned on the website and that this would be fixed. The IPAC lead was added to the website on a later date, prior to the end of the inspection.

Therefore, there was a risk of complainants not knowing who to contact if they had any specific concerns about the IPAC program.

There was a low impact to residents as a result of the complainants not being able to raise concerns about the IPAC program through the website, as there were other means through which this was possible.

**Sources:** LTCH's website; Interviews with DOC and CEO/Administrator [762]

Date Remedy Implemented: July 5, 2023

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## WRITTEN NOTIFICATION: Dietary services and hydration

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 15 (1) (a)

The licensee failed to ensure that procedures were implemented for referring a resident to the Registered Dietitian (RD) when the resident's food intake was less than their usual pattern for more than three days.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is an organized program of nutritional care and dietary services to meet the daily nutrition needs of the residents and must be complied with.

Specifically, staff did not comply with the policy "Clinical -Dietitian Referral", section 8, dated October 2022, which was included in the licensee's Nutrition and Hydration Program.

### Rationale and Summary

The MLTC received a complaint around a resident's health status and changes.

The resident's health record identified changes in their appetite, whereby they regularly consumed less than their usual pattern for more than a certain amount of days between a certain period. A RPN confirmed the resident's appetite had decreased but that a referral had not been initiated to the RD. The RD acknowledged they had not received a referral for the resident's reduced intake and looking back calculated the resident's food intake at was significantly lower than normal. The resident experienced a weight loss during this period.

Failing to comply with the home's policy to refer residents to the registered dietitian increased the resident's risk for a compromised nutritional status.

**Sources:** "Clinical -Dietitian Referral" policy, Section 8, dated October 2022, resident's health record, interviews with the RD and RPN #102. [110]

## WRITTEN NOTIFICATION: Infection prevention and control lead

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 23 (4)

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The licensee has failed to ensure that the home has an IPAC Lead whose primary responsibility is the home's IPAC program.

**Summary and Rationale**

A review of the LTCH's IPAC program was conducted. The LTCH's website indicated that the DOC was the IPAC lead. The DOC indicated that they were contracted to work for 37.5 hours per week, out of which five hours were spent on the IPAC program since April 2023. The minimum requirement for the IPAC lead to work was five hours per week as per the IPAC manager's job description. Furthermore, they indicated their primary responsibility currently was not the IPAC program.

As such there was a risk of not ensuring that the entire IPAC program was being implemented appropriately and as a result increasing the risk of the infections in the LTCH.

**Sources:** LTCH's website; IPAC manager's Job description; Interview with DOC [762]

**WRITTEN NOTIFICATION: Nutritional Care and Hydration Programs**

**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 74 (2) (a)

The licensee failed to ensure the nutritional care program included the development and implementation, in consultation with a Registered Dietitian (RD) who is a member of the staff of the home, policies and procedures relating to nutritional care and dietary services and hydration.

**Rationale and Summary**

The home's nutrition policy, "Clinical -Dietitian Referral", was part of the nutrition care program and included ten criteria of when to refer to the home's RD. The list of criteria were vague and incomplete and did not align with the home's electronic referral form used in the home. The RD confirmed the policy was not consistent with the RD referral form in Point Click Care and they had not been consulted in the development of the home's policy.

Failing to ensure the home's policy was reviewed by the RD, who is a member of the staff of the home, places the program at risk of not reflecting current best practices related to the nutrition and hydration care of residents.

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**Sources:** “Clinical -Dietitian Referral”, section 8, dated October 2022, resident #003’s health record, interview with RD. [110]

**WRITTEN NOTIFICATION: Infection prevention and control program**

**NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

The licensee has failed to ensure that the infection prevention and control lead works regularly in that position on site at the home for 17.5 hours per week, in a home with a licensed bed capacity of 69 beds or fewer.

**Summary and Rationale**

A review of the LTCH’s IPAC program was conducted. The LTCH’s website indicated that the Director of Care (DOC) was the IPAC lead. The DOC indicated that they are contracted to work for 37.5 hours a week, out of which five hours are spent on the IPAC program since April 1, 2023. The minimum requirement for the IPAC lead to work was five hours per week as per the IPAC manager’s job description. The LTCH was licensed for a bed capacity of 64, as such required the IPAC lead to work at least 17.5 hours a week, and they did not since April 2023.

Therefore, there was a risk of not ensuring that the entire IPAC program was being implemented appropriately and as a result increasing the risk of the infections in the LTCH.

**Sources:** LTCH’s website; IPAC manager’s Job description; Interview with DOC;  
<https://www.ontario.ca/locations/longtermcare/homes/2619-mariann-home> [762]

**NOTICE OF RE-INSPECTION FEE**

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Re-Inspection fee for re-Inspecting orders #001 and #002 related to inspection #2022-1128-0001



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Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.





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