

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

Original Public Report

Report Issue Date: December 9, 2024

Inspection Number: 2024-1128-0002

Inspection Type:

Follow up

Licensee: Mariann Nursing Home and Residence

Long Term Care Home and City: Mariann Home, Richmond Hill

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18-22, 25-26, 28-29, 2024.

The following intake(s) were inspected:

- An intake related to Follow-up #1 - Compliance Order (CO) #004 from inspection #2024_1128_0001, O. Reg. 246/22, s. 257(1), Training and orientation program.
- A intake related to Follow-up #1 - CO #001 from inspection #2024_1128_0001, O. Reg. 246/22, s. 93(2)(b), Housekeeping.
- An intake related to Follow-up #1 - CO #002 from inspection #2024_1128_0001, O. Reg. 246/22, s. 102(2), Infection prevention and control program.
- An intake related to Follow-up #1 - CO #003 from inspection #2024_1128_0001, O. Reg. 246/22, s. 102(7) 10, Infection prevention and control program.

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Previously Issued Compliance Order(s)

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

Order #004 from Inspection #2024-1128-0001 related to O. Reg. 246/22, s. 257 (1)

Order #002 from Inspection #2024-1128-0001 related to O. Reg. 246/22, s. 102 (2) (b)

Order #003 from Inspection #2024-1128-0001 related to O. Reg. 246/22, s. 102 (7) 10.

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1128-0001 related to O. Reg. 246/22, s. 93 (2) (b)

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

Housekeeping, Laundry and Maintenance Services

Infection Prevention and Control

Safe and Secure Home

Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: Licensee must comply

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

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The licensee failed to comply with Compliance Order (CO) #001, to O. Reg 246/22, s. 93 (2) (b), from inspection #2024-1128-0001, issued on August 26, 2024, with a compliance due date of November 15, 2024.

The following components of the order were not complied with:

B. The Infection Prevention and Control (IPAC) Lead and The Housekeeping Lead collaborate to develop and implement an organized program of housekeeping for cleaning and disinfecting all high-contact surfaces at least daily, including residents' rooms with bathrooms and shared spaces.

Rational and Summary

Review of the housekeeping checklist related to daily cleaning and disinfecting the residents' rooms, floors, bathrooms, and furniture surfaces, during a specific time period, indicated multiple resident rooms in multiple areas of the home on multiple dates were not cleaned/disinfected due to missing documentations.

The IPAC Lead and the Housekeeping lead, both indicated the housekeeping staff were required to document on the checklist once they complete disinfecting/cleaning a room. There was no further evidence to indicate the identified rooms were cleaned or a follow-up was done with the staff responsible to clean/disinfect those areas.

Sources: Housekeeping Checklist, Interviews with the home's IPAC Lead and Housekeeping Lead.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

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NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

In the past 36 months, CO under O. Reg. 246/22, s. 93(2)(b), Housekeeping, was issued (#2024-1128-0001)

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP 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 AMP.

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WRITTEN NOTIFICATION: Doors in a home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. ii.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - ii. equipped with a door access control system that is kept on at all times, and

The licensee failed to ensure a door leading to outside of the home was equipped with a door access control system that was kept on at all times.

Rationale and Summary

During this inspection, upon entering the home using the back door located at the parking lot, the door was unlocked when the Inspectors pushed a red button located outside of the door. Upon entering the home no staff/reception was observed to be present at the entrance door.

The Director of Care (DOC) stated the door leading to the parking lot was only locked daily from 1800 hours to 0500 hours on the next day and visitors would ring the bell and a staff member would come and open the door for them. On the same day, the DOC stated they had the door locked at all times and a staff member would come and open the door each time staff/visitors would want to come inside the building until a pin pad would be installed outside of the door. The next day, the Inspectors observed a pin pad had installed outside of the entrance door in the parking lot.

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There was a risk to the safety and security of the residents when the door access control system at the parking lot entrance was not kept on at certain hours as anyone who was not authorized could enter the home, especially when there was no staff/reception present at the entrance at all times.

Sources: Observations and interviews with the DOC.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that the IPAC standard issued by the Director was followed related to the completion of IPAC skills audits.

In accordance with the IPAC Standard for Long-Term Care Homes (LTCH's) issued by the Director, updated September 2023, under section 7.3 (b), the licensee shall ensure that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

Rationale and Summary

The IPAC audits to ensure that all staff can perform the IPAC skills required for their specific role were unavailable when requested by the Inspector. The IPAC Lead

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confirmed that hand hygiene audits, personal protective equipment audits, and glo-germ audits were available and conducted in their Agota system for auditing IPAC practices however audits were unavailable for all staff to ensure they could perform IPAC skills related to their specific job role.

Failure to conduct IPAC Skills audits to ensure that all staff can perform the IPAC skills required of their role affects the effectiveness of the home's management of their IPAC program.

Sources: Review of available audits in the home and interview with the IPAC Lead.