

**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**

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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
May 5, 2021	2021_549107_0001	005796-21	Other

Licensee/Titulaire de permis

The Regional Municipality of Niagara
1815 Sir Isaac Brock Way Thorold ON L2V 4T7

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

The Meadows of Dorchester
6623 Kalar Road Niagara Falls ON L2H 2T3

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

MICHELLE WARRENER (107)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): April 15, 16, 20, 28, May 4, 2021, as an off-site inspection

The following intake was completed in this other inspection: Log #005796-21 related to Minister's Directives

During the course of the inspection, the inspector(s) spoke with The Administrator, Director of Care, COVID-19 Screening staff, Rapid Antigen Testing staff, Support Workers

Ad-hoc notes were used during this inspection.

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. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The Licensee failed to ensure that every operational directive that applies to the long-

term care home was complied with in relation to the Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes, effective March 15, 2021.

A Support Worker is defined in the Ministry of Long-Term Care's COVID-19 Visiting Policy, effective December 26, 2020, as a type of essential visitor who is visiting to perform essential support services for the home or for a resident at the home.

The Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes, effective March 15, 2021, requires all Support Workers to demonstrate that they have received a negative COVID-19 test result from an Antigen Test on the day of the visit or demonstrate proof that they received a negative Antigen Test from an Antigen Test that was taken on the previous day before granting them entry as a visitor, whether the visit will take place indoors or outdoors, subject to the exceptions in sections 3 and 4 of the Directive. The Directive also requires that where a Support Worker received an Antigen Test not onsite at the long-term care home, on that day or the previous day, the Licensee will ensure that the Support Worker provides proof of the negative Antigen Test result in order gain entry to the home or take a new Antigen Test and the Licensee will maintain a log that such proof has been demonstrated.

Screening logs and Rapid Antigen testing logs were reviewed for three specified dates. The Administrator provided a Screening Log that included Support Workers attending the home on a specified date, however, a Rapid Antigen Testing log for the same date was not available and could not be provided to the Inspector.

Two Support Workers, who attended the home on the specified date, confirmed they had not received a rapid antigen test at the home and had not been asked to provide proof of testing prior to entering the home.

The Administrator stated that there was confusion regarding who to have tested at the beginning of the implementation of the Rapid Antigen Testing Program, specifically related to Support Workers. The Administrator stated that education was provided to staff and the error was corrected. A COVID-19 outbreak related to Support Workers entering the home without Rapid Antigen Screening was not evident.

Sources: Screening Logs for three dates, Rapid Antigen Testing Logs for three dates; Interviews with two Support Workers, and the Administrator; Surveillance Testing report

for a specified date. [s. 174.1 (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 with s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home, to be implemented voluntarily.

Issued on this 7th day of May, 2021

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

Original report signed by the inspector.