

Original Public Report

Report Issue Date November 4, 2022
Inspection Number 2022-1057-0002
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Norwood Nursing Home Limited
Long-Term Care Home and City
Norwood Nursing Home, Toronto

Lead Inspector
Matthew Chiu (565)

Inspector Digital Signature

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred on the following date(s): October 12-14, and 17, 2022.

The following intake(s) were inspected:

- 00008458-22 related to anonymous complaint pertaining to the operations of the home

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

- Infection Prevention and Control (IPAC)
- Staffing, Training and Care Standards

INSPECTION RESULTS

WRITTEN NOTIFICATION: DIRECTIVES BY MINISTER

NC#01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1

Non-compliance with: FLTCA, 2021, s. 184 (3).

The licensee has failed to carry out the infection prevention and control (IPAC) audits directive that applied to the long-term care home.

Rationale and Summary:

The Minister’s Directive, COVID-19 response measures for long-term care homes directed homes to conduct regular IPAC audits in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario. The guidance document stated long-term care homes must complete IPAC audits every two weeks unless in outbreak. When a long-term care home is in outbreak, the IPAC audits must be completed weekly. At minimum, the audits must include Public Health Ontario’s “COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes”.

Staff stated they completed different types of IPAC audits. From July 1 to October 13, 2022, six audits were completed using the above-mentioned tool on July 4, 21, August 2, 24, September 8, and 22, 2022. The home was in COVID-19 outbreak from August 19 to September 19. The home did not complete the required IPAC audits every two weeks when they were not in outbreak and weekly when they were in outbreak during the period from July 1 to October 13, 2022.

Sources: Home’s IPAC audit records, CIS report, Minister’s Directive: COVID-19 response measures for long-term care homes, and Public Health Ontario’s COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes; interviews with the IPAC Lead and Director of Care (DOC). [565]

COMPLIANCE ORDER: CO#01 ADMINISTRATOR

NC#02 Compliance Order pursuant to FLTCA, 2021, s.154 (1) 2

Non-compliance with: O. Reg. 246/22, s. 249 (1) 1

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22, s. 249 (1) 1

The Licensee shall:

- A) Communicate to staff in writing, the up-to-date schedule for the Administrator who works regularly in that position on site at the long-term care home.
- B) Ensure that the written communication includes the date of the communication, effective date for the schedule, and days and times for the Administrator works regularly in that position on site. Records of the written communication must be kept in the long-term care home.
- C) Ensure that the Administrator works regularly on site at the home for at least 16 hours per week.

Grounds

Non-compliance with: O. Reg. 246/22, s. 249 (1) 1

The licensee has failed to ensure that for their home’s licensed bed capacity of 60 beds, their Administrator worked regularly in that position on site at the home for at least 16 hours per week.

Rationale and Summary:

Staff stated that the home’s Administrator and DOC positions were combined as a full-time equivalent position when the former Administrator/DOC left. While the home was recruiting a new Administrator/DOC, their designate assumed the Administrator/DOC positions. They did not have a fixed on-site schedule until the time of this inspection. If they worked off-site, they were accessible by staff over the phone. During a two-week period, the Administrator did not work on site at the home, and they were not attending meetings or training related to their position as Administrator during that period.

The home’s failure to ensure that the Administrator worked regularly on site at the home caused significant risk to resident care and operations of the home.

Sources: Interviews with the Assistant Direct of Care (ADOC), Assistant Administrator, Administrator/DOC, and other staff. [565]

This order must be complied with by November 18, 2022

COMPLIANCE ORDER: CO#02 DIRECTOR OF NURSING AND PERSONAL CARE

NC#03 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22, s. 250 (1) 4

The Licensee shall:

- A) Communicate to staff in writing, the up-to-date schedule for the DOC who works regularly in that position on site at the long-term care home.
- B) Ensure that the written communication includes the date of the communication, effective date for the schedule, and days and times for the DOC who works regularly in

that position on site. Records of the written communication must be kept in the long-term care home.

C) Ensure that the DOC works regularly on site at the home for at least 24 hours per week.

Grounds

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4

The licensee has failed to ensure that for their licensed bed capacity of 60 beds, their DOC worked regularly in that position on site at the home for at least 24 hours per week.

Rationale and Summary:

Staff stated that the home’s Administrator and DOC positions were combined as a full-time equivalent position when the former Administrator/DOC left. While the home was recruiting a new Administrator/DOC, their designate assumed the Administrator/DOC positions. They did not have a fixed on-site schedule until the time of this inspection. If they worked off-site, they were accessible by staff over the phone. During a two-week period, the DOC did not work on site at the home, and they were not attending meetings or training related to their position as DOC during that period.

The home’s failure to ensure that the DOC worked regularly on site at the home caused significant risk to resident care and operations of the home.

Sources: Interviews with the ADOC, Assistant Administrator, Administrator/DOC, and other staff. [565]

This order must be complied with by November 18, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested;

- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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

Inspection Report under the
Fixing Long-Term Care Act, 2021

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