

## Original Public Report

**Report Issue Date** June 7, 2022

**Inspection Number** 2022\_1286\_0001

**Inspection Type**

- ☒ Critical Incident System    ☒ Complaint    ☐ Follow-Up    ☐ Director Order Follow-up  
☐ Proactive Inspection    ☐ SAO Initiated    ☐ Post-occupancy  
☐ Other \_\_\_\_\_

**Licensee**

Land O'Lakes Community Services

**Long-Term Care Home and City**

Pine Meadow Nursing Home  
Northbrook, Ontario

**Lead Inspector**

Darlene Murphy (103)

**Inspector Digital Signature**

**Additional Inspector(s)**

Inspectors #740788 (Carrie Deline) and #740790 (Polly Gray-Pattemore) were also present during this inspection.

## INSPECTION SUMMARY

The inspection occurred on the following date(s): May 26, 27, 30, 31, 2022.

The following intake(s) were inspected:

- Log #002769-22-complaint related to odours in the home,
- Log #007789-22 (CIS #2796-000002-22)-resident fall that resulted in an injury,
- Log #008432-22-complaint related to outdoor access.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services
- Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION INFECTION, PREVENTION AND CONTROL

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

**Non-compliance with: O. Reg. 246/22, s. 102 (8)**

The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

#### Rationale and Summary

Inspectors were screened for Covid-19 upon entry into the long-term care (LTC) home on May 26, 2022, advised the home was not in outbreak and to adhere to universal masking. On May 27, 2022, one of the three inspectors was directed by the screener to wear eye protection in addition to their mask upon entering the home. The Administrator was questioned if the outbreak status of the home had changed, and they indicated it had not. The Administrator stated the home had been following for months the use of additional eye protection in accordance with the local public health unit recommendations.

On May 30 and May 31, 2022, several staff were observed working without eye protection. The IPAC lead indicated the local public health unit had identified eye protection as a recommendation in reducing staff to staff spread of Covid-19. The IPAC lead stated the use of eye protection had been communicated to all staff and that staff were expected to be compliant with this direction.

Sources: Staff Observations, interview with the Administrator and the IPAC lead.

(103)

### WRITTEN NOTIFICATION PLAN OF CARE

#### NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

**Non-compliance with: FLTCA, 2021, s. 6 (2).**

The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and on the needs and preferences of that resident.

#### Rationale and Summary

A resident was refused the opportunity to use the secure outdoor area on two occasions because there were no staff available for supervision. In addition, the resident raised concerns the access to the secure outdoor area was limited and did not

allow for any times in the evening. The resident stated they were told by the Administrator the home needed to ensure the safety of the residents who required supervision.

The Administrator was interviewed and acknowledged the resident was a capable resident who would be safe to access the secure outdoor area without supervision. The Administrator stated the concern was additional residents who required staff supervision could potentially follow the resident into the secure outdoor area. The Administrator stated the resident could be assisted by staff to sit outside of the main entrance when the secure outdoor area was closed. The resident indicated their preference was to sit in the secure outdoor area among the gardens as opposed to outside of the main entrance that looked onto the parking lot.

Restricting the resident's ability to enjoy an outdoor secure area risks negatively impacting the mental well-being of this resident.

Sources: Interviews with a resident and the Administrator, and review of a resident plan of care.

(103)

## WRITTEN NOTIFICATION POLICY

### NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 11 (1) (b).

The licensee has failed to ensure the written policy related to an outside secure area was complied with for a resident.

O. Reg 246/22, s. 12 (2) requires the home to have a written policy that deals with when doors leading to secure outside areas must be unlocked or locked to permit or restrict unsupervised access to those areas by residents.

#### Rationale and Summary

The policy indicated residents must be assessed to ensure they are individually capable of safely accessing the secure outdoor areas and the home had the right to restrict independent access if the resident assessment identified a safety risk.

The Administrator acknowledged the resident would be capable of accessing the outdoor secure area without supervision, however, the resident was denied access to the outdoor secure area based on the risk to other residents.

The policy also indicated there is a nurse call system available in the area for resident use. The secure outdoor area was observed, and a call system was not found. The Administrator indicated the home was looking to have one installed.

Sources: Policy: “Door Surveillance and Secure Outdoor Areas”-OP-04-01-04, interview with Administrator.

[103]