

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Original Public Report

**Report Issue Date:** July 25, 2024

**Inspection Number:** 2024-1112-0004

**Inspection Type:** Complaint

**Licensee:** Revera Long Term Care Inc.

**Long Term Care Home and City:** Pinecrest Manor, Lucknow

## INSPECTION SUMMARY

The inspection occurred offsite on the following dates: May 22 - 23, 27 - 31, 2024, June 3 - 4, 7, 10, 11, 2024 and July 9 - 10, 16 - 20, and 22, 2024

The following was inspected:

- Intake: #00116490 - Complaint related to records required for employment.

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

Safe and Secure Home

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Exemptions, training

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

**Non-compliance with: O. Reg. 79/10, s. 222 (2)**

Exemptions, training

s. 222 (2) The licensee shall ensure that the persons described in clauses (1) (a) to (c) are provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 76 (2) of the Act before providing their services.

The Long Term Care Home Act, 2007, and Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee failed to ensure all staff working within the home were provided information on the home's policy to promote zero tolerance of resident abuse and neglect. The role did not involve direct resident care.

Six contracted staff had not received the required orientation information, including the home's policy to promote zero tolerance of resident abuse and neglect.

Sources: Interview with the home's Executive Director, and virtual correspondence with the home's Assistant Director Of Care.

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**WRITTEN NOTIFICATION: Orientation**

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 3.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee failed to ensure all staff in direct care roles had completed training on the home's policy to promote zero tolerance of resident abuse and neglect.

Two of the staff pursuant to a contract had not completed the orientation training on the home's policy to promote zero tolerance of resident abuse and neglect before they performed their role.

Sources: Interviews with one of the two staff, as well as the home's Executive Director. Reviewed records included virtual correspondence with the home's Assistant Director of Care, and the specific staffs' education forms.

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**WRITTEN NOTIFICATION: Screening measures**

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

**Non-compliance with: O. Reg. 246/22, s. 252 (3)**

Hiring staff, accepting volunteers

s. 252 (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

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- (b) pursuant to a contract or agreement with the licensee, or
- (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee failed to ensure staff working in a direct care, one-to-one role with residents conducted a vulnerable sector police check before they performed their duties.

At the time of inspection, the VSC record of one contracted staff working at the home was identified to not be valid.

Sources: Interviews with the specific staff and the home's Executive Director, as well as records including the home's policy on Background Check Procedure (ID HR2-050.01, implemented on March 31, 2017, and last modified April 10, 2023)

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**COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**Non-compliance with: O. Reg. 246/22, s. 102 (12) 4.**

Infection prevention and control program

s. 102 (12) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff are screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

**The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- A) Review and revise as necessary its process for ensuring all staff are appropriately screened for tuberculosis at time of hire in accordance with evidence-based practices, and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22.
- B) Train managers who may hire agency staff on the revised process. Maintain a record of the training date, content, attendees, and who provided the training.
- C) Implement the reviewed/revised process to ensure that all staff hired pursuant to a contract have completed a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, before they perform their duties.
- D) Complete an audit of all staff hired pursuant to a contract to determine if staff working have a valid negative tuberculosis screening, in accordance with

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evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22. Keep a record of the audit, date completed, who completed it and results. Ensure that any staff identified in the audit as not having a valid negative tuberculosis screening, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with s. 102 (12) 4 of O. Reg. 246/22, cease working in the home until a valid negative check has been completed.

**Grounds**

The Fixing Long Term Care Act, 2021, (FLTCA) s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

- (a) as employees of the licensee,
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According to the Infection Prevention and Control (IPAC) Standard, s. 11.2, the licensee was required to ensure that staff were screened for tuberculosis and other infectious diseases at time of hire in accordance with evidence-based practices and where there were none, in accordance with prevailing practices.

The FLTCA, s. 162 (1) 2 states: The authority to make an order or issue a notice under sections 155 to 161 against a licensee who has not complied with a requirement under this Act applies regardless of the following, and they shall not be considered in deciding whether to exercise the authority whether, at the time of the non-compliance, the licensee had an honest and reasonable belief in a set of facts that, if true, would have resulted in there not being any non-compliance.

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The licensee failed to ensure all staff were screened for tuberculosis in accordance with a standard issued by the Director.

Eight contracted staff were identified to not have been screened for tuberculosis in adherence with the home's procedures.

Sources: Interviews including one of the specific staff, and the home's Executive Director; Records including the home's service agreements, the specific staffs' provided screening records, as well as the home's Background Check Procedure (ID HR2-O50.01, implemented on March 31, 2017, and last modified April 10, 2023) and TB Assessment Tool (policy ID IPC5-O10.02-T1, implemented on July 23, 2023).

**This order must be complied with by August 30, 2024**

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## 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3



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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).