Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Dec 7, 2021	2021_892762_0009	009357-21, 011306-21, 012275-21, 012569-21, 014785-21	Complaint

Licensee/Titulaire de permis

ATK Care Inc.
1386 Indian Grove Mississauga ON L5H 2S6

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

River Glen Haven Nursing Home
160 High Street P.O. Box 368 Sutton West ON L0E 1R0

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

MOSES NEELAM (762)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): November 16-19, 22-25, 2021

During this complaint and follow up inspection (FUI), the following intakes were reviewed:
- Log related to the neglect of a resident
- Log related to a concerns around residents rights, family council, availability of supplies, and care of residents
- Log related to staffing
- Log related to food preparation and nutrition and hydration
- Log related to CO#001 in inspection #2021_718535_0009

During the course of the inspection, the inspector(s) spoke with the Residents, Family Council President, Administrator, Public Health Inspector (PHI), Director of Care (DOC), Environmental Service Manager (ESM), Assistant Director of Care (ADOC), Recreation Director (RD), House keeping staff, Administrative Assistant (AA), Registered Nurses (RN's), Registered Practical Nurses (RPN's), and Personal Support Workers (PSW's)

During the course of this inspection, the inspector(s), toured the units, reviewed policies of the Long-Term Care Home (LTCH), reviewed family council minutes, resident electronic and physical records, and conducted observations

Inspector #772469 and #734225 were present during the course of the inspection

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Family Council
Food Quality
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_718535_0009	762

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care related to application of the correct product was followed

Resident #004's plan of care indicated that the resident was to receive a specific product. A review of documentation indicated the resident was wearing the wrong product multiple times during a certain month. In separate interviews, PSW #103 and 107, indicated that they applied the wrong product because the right product was not readily available. As a result, the resident was at risk for care related issues due to the product being applied.

Sources: Care plan; PSW documentation; interviews with Resident #103 and PSW #107 [s. 6. (7)]

2. Resident #005's plan of care indicated that the resident was to receive a specific product. A review of documentation indicated the resident was wearing the wrong product multiple times during a certain month. In an interview, PSW #110 indicated that they applied the wrong product because the resident could have care concerns in the a different product. As a result, the resident was at risk for care related issues due to the wrong product being applied.

Sources: Care plan; PSW documentation; interviews with PSW #110 [s. 6. (7)]

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 to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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 has failed to carry out directive #3 issued on July 14, 2021, with an effective date of July 16, 2021, that applies to the long-term care home. The directive indicated that residents are not to be admitted into ward rooms with 2 residents or more, after a resident has been discharged.

Directive #3 issued by the Chief Medical Officer of Health (CMOH) on July 14, 2021, effective, July 16, 2021, indicated “a bed in a ward room must be left vacant if a resident who occupied a bed in the ward room is discharged from the LTCH and there are two or more residents who continue to occupy a bed in the ward room.”

A review of the Long-Term Care home’s (LTCH) census, indicated that there were 15 ward rooms in the LTCH, out of which some rooms had 3 residents each. A review of resident #007’s census in their electronic health record, indicated that the resident was moved to a wardroom. Furthermore, observations conducted in the residents’ room, indicated that the resident was present in the room. In separate interviews, Administrator #101 and DOC #115, indicated the resident was moved to the ward room. DOC #115, indicated resident was moved into the room after the previous resident had been discharged from the Long-Term Care Home (LTCH). However there were still two other residents in the room which was in violation of Directive #3. Additionally, PHI #116 indicated that they had given the LTCH direction to follow Directive #3 with regards to ward rooms. As a result, the directive was not followed and put the residents at risk for spreading covid-19.

Sources: Census; Resident #007’s census on PCC; Observations; interviews with PHI #116, Administrator #101 and DOC #115 [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 ensure that the 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 December, 2021

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

Original report signed by the inspector.