

Original Public Report

Report Issue Date	August 18, 2022		
Inspection Number	2022_1269_0001		
Inspection Type			
<input type="checkbox"/> Critical Incident System	<input type="checkbox"/> Complaint	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Director Order Follow-up
<input checked="" type="checkbox"/> Proactive Inspection	<input type="checkbox"/> SAO Initiated		<input type="checkbox"/> Post-occupancy
<input type="checkbox"/> Other	_____		
Licensee	458422 Ontario Limited		
Long-Term Care Home and City	Sandfield Place, Cornwall Ontario.		
Lead Inspector	Heath Heffernan (622)		Inspector Digital Signature
Additional Inspector(s)	Joelle Taillefer (211)		

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 25, 26, 27, 28, 29, 2022, August 2, 3, 4, 5, 2022.

The following intake(s) were inspected:

- Intake log #014134-22 - a Proactive Compliance Inspection.

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Medication Management
- Pain Management
- Prevention of Abuse and Neglect
- Quality Improvement
- Resident Care and Support Services
- Residents' and Family Councils
- Residents' Rights and Choices
- Safe and Secure Home
- Skin and Wound Prevention and Management

INSPECTION RESULTS**NON-COMPLIANCE REMEDIED**

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)**Non-compliance with: O. Reg. 246/22 s. 102 (8)**

The licensee has failed to ensure that a staff member participated in the implementation of the infection prevention and control program, specific to universal masking.

In accordance with FLTCA, 2021, s. 23 (2) (a); the infection prevention and control program must include evidence-based policies and procedures.

The licensee's Policy: Infection Prevention and Control Manual, section 3.0 Outbreak Management title Covid-19 Masking, dated revised June 2022, indicated that medical grade face masks will remain mandatory for all staff and visitors within the facility until amended under the relevant Covid-19 directives for long-term care facilities.

On August 3, 2022, during the morning shift, Inspector #211 observed that a staff member was wearing a medical grade mask under their chin while sitting in the area in front of the nursing station.

The DOC and a Registered Nurse (RN) stated that all staff members must wear their medical mask appropriately. They stated that there were designated spots for a staff member to remove their mask.

On August 3, 2022, during the afternoon and August 4, 2022, during the day shift, Inspector #211 observed that the staff member was wearing their medical grade mask appropriately. On August 4, 2022, the staff member stated and recognized that the medical grade mask must be always worn appropriately in the home.

The DOC stated that they followed up with the staff member regarding the appropriate use of medical grade masks.

Sources: the licensee policy: Infection Prevention and Control Manual, section 3.0 Outbreak Management title Covid-19 Masking, observation of universal masking practices, and interviews with a staff member, Registered Nursing Staff, and the DOC.

Date Remedy Implemented: August 4, 2022. [211]

WRITTEN NOTIFICATION - WINDOWS**NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with: O. Reg. 246/22 r. 19.

The licensee has failed to ensure that every window in the home that opened to the outdoors and were accessible to the residents, could not be opened more than 15 centimetres.

Rationale and Summary

On July 25, 2022, during the initial tour of the home, inspector #622 observed the Maintenance Supervisor measuring the window openings in three resident rooms. All three resident room windows were accessible to the residents and were able to be opened greater than 15 cm to the outdoors.

During an interview on July 25, 2022, the Maintenance Supervisor stated that all resident room windows would need to be measured as they all opened the same way as the windows in the three resident rooms. The Maintenance Supervisor stated that all resident rooms with window openings to the outdoors greater than 15 cm would need to be fixed.

Having access to windows that could open more than 15 cm to the outdoors posed risk to the residents.

Sources: Observation of resident room window measurements and interview of the Maintenance Supervisor and other staff. [622]

WRITTEN NOTIFICATION – NUTRITIONAL CARE AND HYDRATION PROGRAMS

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

Non-compliance with: FLTCA, 2021 s. 15. (1) (a)

The licensee has failed to comply with the home's organized program of nutritional care and dietary services for the home to meet the daily nutrition needs of the residents.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the home's organized program of nutritional care and dietary services is complied with.

Specifically, the staff did not comply with their "Dietary Aide A and B Shift" processes to record multiple food temperatures prior to serving meal services.

Inspector #211 observed that the food temperatures on the licensee "Daily Production Temperature Audit" for breakfast were not documented from July 1, 2022, to July 22, 2022, and July 25, 2022. Furthermore, the food temperatures for lunch were not documented on July 11, 2022.

Rationale and Summary

Inspector #211 observed that the food temperatures on the licensee “Daily Production Temperature Audit” for breakfast were not documented from July 1, 2022, to July 22, 2022, and July 25, 2022. Furthermore, the food temperatures for lunch were not documented on July 11, 2022.

The Acting Food Supervisor stated that several Dietary Aides indicated that they took the food temperatures prior to serving the breakfast to ensure that the foods were served at the appropriate temperature. However, the Acting Food Supervisor confirmed that the Dietary Aides did not document the food temperatures for breakfast on the “Daily Production Temperature Audit” from July 1, 2022, to July 22, 2022, and July 25, 2022. Furthermore, a Dietary Aide confirmed that the food temperatures were taken prior to serving the lunch on July 11, 2022, but the temperatures were not documented on the “Daily Production Temperature Audit”.

Consequently, by not documenting food temperatures there were a risk that the food temperatures may not be safe and palatable for residents.

Sources: Review of the “Daily Production Temperature Audit” from July 1, 2022, to July 25, 2022, the licensee’s “Dietary Aide B shift 6:00-2:00 pm” and “Dietary Aide C-shift 3:00-09:30pm” dated December 2019. Interview with the Acting Food Supervisor and the Food Supervisor. [211]

WRITTEN NOTIFICATION – SATISFACTION SURVEY

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: LTCHA s. 85 (1)

The licensee has failed to ensure that, at least once in every year, a survey was taken of the residents and their families to measure their satisfaction with the home and the care, services, programs, and goods provided at the home

Rationale and Summary

On July 29, 2022, the Administrator was unable to provide the Resident Satisfaction Survey results for 2021 to inspector #211.

The Administrator and the DOC stated that the survey of the residents and their families to measure their satisfaction with the home and the care, services, programs, and goods was not provided to the residents and their families for 2021.

Sources: Interviews with the Administrator and the DOC. [211]

WRITTEN NOTIFICATION – AIR TEMPERATURE

NC#005 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (1)

The licensee has failed to ensure that the home was maintained at a minimum temperature of 22 degrees Celsius.

Rationale and Summary

Review of the “Record of Humidex Readings” sheet indicated that the temperatures of two resident rooms were under 22 degrees Celsius on May 24, 2022, at 0100 hours and two other resident rooms were 21 degrees Celsius on May 25, 2022, at 0130 hours.

The DOC stated that the temperature should have been kept over 22 degrees Celsius.

As such, the residents were potentially at risk to be uncomfortable when the resident’s bedroom temperature was under 22 degrees Celsius.

Sources: Review of the temperatures on the licensee “Record of Humidex Readings” sheets and interview with the DOC. [211]

WRITTEN NOTIFICATION – AIR TEMPERATURE

NC#006 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24. (2) and (3)

The licensee has failed to ensure that the temperature was measured and documented in writing at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night, at a minimum in the following areas of the home.

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

Rationale and Summary

Review of the licensee “Record of Humidex Reading” sheet from May 15, 2022, to July 28, 2022, indicated that staff members did not measure and document in writing the temperature in the following areas of the home:

1. At least once every morning,
 - in two resident bedrooms in different parts of the home and one resident common area on every floor of the home, which may include a lounge, dining area or corridor for 11 days in May, 11 days in June and 10 days in July 2022.
 - in two resident bedrooms in different parts of the home for one day in July 2022,
 - in one resident common area on every floor of the home for 4 days in May, 11 days in June and 6 days in July 2022.

2. At least once every afternoon between 12 p.m. and 5 p.m.
 - in two resident bedrooms in different parts of the home and one resident common area on every floor of the home for 5 days in May, 14 days in June and 12 days in July 2022.
 - in two resident bedrooms in different parts of the home for one day in June and on day in July 2022,
 - in one resident common area on every floor of the home for 2 days in May, one day in June and 6 days in July 2022.
3. At least during the evening or night,
 - in two resident bedrooms in different parts of the home and one resident common area on every floor of the home, which may include a lounge, dining area or corridor for 8 days in May, 12 days in June and 16 days in July 2022,
 - in two resident bedrooms in different parts of the home for one day in May and one day in July 2022,
 - in one resident common area on every floor of the home, which may include a lounge, dining area or corridor for 5 days in May, 13 days in June and 7 days in July 2022.

DOC acknowledged that the staff members did not measure and document the temperature in the licensee “Record of Humidex Reading” sheets on a regular basis as indicated in the legislation.

As such, the residents were potentially at risk to be uncomfortable when the temperature was not measured and documented as indicated above.

Sources: Review of the licensee “Record of Humidex Reading” sheets and interview with the DOC. [211]

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. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

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

Ottawa Service Area Office
347 Preston Street, Suite 420
Ottawa ON K1S 3J4
Telephone: 1-877-779-5559
OttawaSAO.moh@ontario.ca

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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