Ontario

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

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

North District
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Original Public Report

Report Issue Date: January 6, 2023	
Inspection Number: 2022-1362-0001	
Inspection Type: Critical Incident System	
Licensee: St. Joseph's General Hospital Elliot Lake	
Long Term Care Home and City: St. Joseph's Manor, Elliot Lake	
Lead Inspector Chad Camps (609)	**Inspector Digital Signature** Chad A Camps Digitally signed by Chad A Camps Date: 2023.02.09 13:21:09 -05'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): November 21-25, 2022.

The following intake was inspected:

- One intake related to an injury to a resident which caused a significant change to their health condition for which they were transferred to hospital.

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

Falls Prevention and Management
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Reports re critical incidents

Non-Compliance (NC) #001 Written Notification pursuant to Fixing Long-Term Care Act (FLTCA), 2021, Section (s.) 154 (1) 1.

Non-compliance with: Ontario Regulation (O.Reg.) 246/22, s. 115 (5) 2. i.

The licensee has failed to ensure that resident #001's name was included in the written report required by the Director.

Rationale and Summary

The Director of Care (DOC) submitted a Critical Incident (CI) report to the Director which described an incident that caused an injury to a resident for which they were taken to hospital and resulted in a significant change in the resident's health status. The CI report did not include the resident's name.

The DOC described how they wrote the CI report that should have included the resident's name, which they somehow had missed.

The home's failure to include the resident's name in the presented no risk to the resident.

Sources: A CI report; The home's policy titled "Unusual Occurrence Report /Critical Incident Reporting"; and an interview with the DOC. [609]

WRITTEN NOTIFICATION: Directives by Minister

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (1)

The licensee has failed to carry out every policy directive that applied to the long-term care home.

Rationale and Summary

As per the Minister's Directive effective August 30, 2022, the home was to conduct regular IPAC audits. The audits were to be completed in accordance with the COVID-19 guidance document every two weeks when not in outbreak, weekly when in outbreak, and be documented at a minimum on the Public Health Ontario's COVID-19 self-auditing tool.

The DOC described a lack of capacity to perform the IPAC duties and verified that since becoming IPAC lead, they had not completed any IPAC self-audits. This included weekly self-audits that were to have been completed during a COVID-19 outbreak in the home.

There was actual risk to residents in the home where no IPAC self-audits were completed to prepare for and respond to COVID-19 outbreaks, neither before, during nor after a COVID-19 outbreak.

Sources: Minister's Directive: "COVID-19 response measures for long-term care homes" effective August 30, 2022; the "COVID-19 guidance document for long-term care homes in Ontario"; A CI report; Interviews with the DOC; and CNO. [609]

COMPLIANCE ORDER (CO) #001 Infection Prevention and Control Program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O.Reg. 246/22, s. 102 (15) 1.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee has failed to comply with Ontario Regulation (O. Reg.) 246/22 section (s.) 102 (15) 1.

The licensee shall:

a) Secure a staff member in the role of IPAC lead who works regularly in the role for a minimum of 17.5 hours per week;

b) Conduct a documented review to ensure that all the required roles and responsibilities of the IPAC lead are being completed. If any concerns are identified, implement a documented corrective plan of action to address the identified concerns; and

c) Perform a review of the IPAC program to ensure that all required policies and procedures are immediately accessible, current, and compliant with the FLTCA, O. Reg. 246/22 and any other requirement.

Grounds
The licensee has failed to ensure that the infection prevention and control lead worked regularly in that position on site at the home for the required number of hours per week.

a) The home's designated IPAC lead is also the DOC. For the home's licensed bed capacity, the DOC is required to work regularly on site for at least 24 hours per week. The IPAC lead is required to work regularly on site for at least 17.5 hours, for a combined total of 41.5 hours per week.

The DOC and CNO verified that the DOC worked regularly on site 37.5 hours per week, or four hours less than the minimum required number of hours per week.

b) The DOC indicated that they also acted as Charge Nurse when the home was short staffed. Specifically, during a week in November 2022, one full day was diverted to Charge Nurse duties which impacted their ability to perform their IPAC roles and responsibilities.

c) The DOC described how they were new to the role of DOC/IPAC lead and that they lacked the capacity to complete their IPAC duties, which became evident when the DOC was unable to provide the Inspector with any IPAC policies and procedures.

The CNO verified that the DOC/IPAC lead should have been able to produce IPAC policies and procedures.

A Public Health Officer stated there was "definite risk" to residents when the home did not have a dedicated IPAC lead who was able to perform their duties.

Sources: The "Administrator/Director of Care Job Description"; Interviews with the CNO; DOC; IPAC Manager; and Algoma Public Health. [609]

This order must be complied with by February 10, 2023.

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
e-mail: 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:

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
e-mail: 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.