

**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
Mar 11, 2021	2021_650565_0004	004964-20, 005034-20, 007306-20, 009268-20, 010798-20, 012346-20, 013031-20, 013286-20, 022221-20, 022625-20, 023338-20, 023633-20, 024077-20, 025020-20	Critical Incident System

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Erin Meadows
2930 Erin Centre Boulevard Mississauga ON L5M 7M4

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

MATTHEW CHIU (565), NAZILA AFGHANI (764)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 4-5, 8-11, 16-18, 22-26, and March 1, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #022221-20 was related to follow-up to Compliance Order (CO) #001; Log #004964-20; Log #005034-20; Log #009268-20; Log #010798-20; Log #022625-20; Log #023338-20; Log #023633-20 were related to falls prevention and management;

Log #007306-20; Log #012346-20; Log #013031-20; Log #013286-20; Log #024077-20 were related to prevention of abuse or neglect; and Log #025020-20 was related to infection prevention and control.

During the course of the inspection, the inspector(s) spoke with the Assistant General Manager (AGM), Director of Nursing Care (DNC), Assistant Directors of Nursing Care (ADNCs), Kinesiologist (KIN), Neighbourhood Coordinators (NCs), Registered Dietician (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Recreation Aide (RA), Nursing Student (NS), Residents, and Family Members.

During the course of the inspection, the inspectors observed resident and staff interactions, and reviewed clinical health records, relevant policies and procedures, and other documents.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Nutrition and Hydration

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

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

4 WN(s)

4 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 # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 36.	CO #001	2020_650565_0014		565

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**
 - (a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**
 - (b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**
 - (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001's plan of care was revised when care set out in the plan has not been effective.

Resident #001 had a fall in the home and they were transferred to the hospital and diagnosed with an injury. The resident was at risk for falls and their falls history indicated they fell eight times during a seven-month period.

The home had implemented a falls prevention plan of care for the resident and the plan was revised after a fall during this period. Subsequently, the resident continued to fall multiple times and the falls prevention plan was not revised until after the last fall of this period. The resident's falls prevention plan had not been effective in meeting the goal of the plan and it had not been revised.

Sources: Resident #001's progress notes, falls incident reports, care plan; and interviews with the PSW, RPN, KIN, and other staff. [s. 6. (10) (c)]

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 plan of care is revised at any other time when care set out in the plan has not been effective, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Weight and Height Monitoring Policy included in the required Dietary Service and Hydration Program were complied with, for residents #010, #012, #013, #014, #016, #018, #023, #025, #026, and #027.

LTCHA s.11 (1)(b) requires an organized program of hydration for the home to meet the hydration needs of residents.

O. Reg. 79/10, s. 68 (1)(b) and O. Reg. 79/10, s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services and hydration.

Specifically, staff did not comply with the home's policy titled "Weight and Height Monitoring Policy", Tab 04-76.

The home's Weight and Height Monitoring Policy indicated that all residents should be weighed monthly.

The unit weight records in four consecutive months showed that 10 residents' weights were not recorded monthly.

The RD stated that the residents' monthly weights were essential health indicators and considered as basic information for the nutrition assessments. During a staff interview, they agreed that weights were not taken and recorded as required. The DNC was aware that there was a gap in recording the weights and agreed that the home's policy was not followed.

Sources: The home's Weight and Height Monitoring Policy (Tab 04-76); residents' weight records; interviews with the RD, DNC, and other staff. [s. 8. (1) (a),s. 8. (1) (b)]

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 home's Weight and Height Monitoring Policy included in the required Dietary Service and Hydration Program is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 19. Duty to protect

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #009 was not neglected by staff.

For the purposes of the Act and this Regulation, “neglect” means the failure to provide a resident with the treatment, care, services or assistance required for health, safety or well-being, and includes inaction or a pattern of inaction that jeopardizes the health, safety or well-being of one or more residents.

Resident #009 was cognitively and physically impaired, and they fell when PSW #119 left them unattended during their care.

PSW #119, failed to report the resident’s fall and have the resident assessed and cleared by registered staff; they moved and transferred the resident. PSW #119 did not report resident #009’s fall until later in their shift when they reported it to the NC. The resident was assessed and transferred to the hospital. Resident #009 sustained an injury and pain as a result of the fall.

Sources: Resident #009’s progress notes, incident report, skin and wound evaluation notes; home’s investigation records and Fall Prevention and Management Program Policy (Tab 06-02); interviews with the PSWs, RPN, and ADNC. [s. 19. (1)]

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 residents are not neglected by the licensee or staff, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

The Region of Peel Public Health (PPH) had declared COVID-19 outbreak in the home on December 11, 2020, and all residents were put on droplet and contact precautions. The home had implemented infection prevention and control (IPAC) program measures to encourage all residents with eating their meals in their rooms. Staff should wear appropriate personal protective equipment (PPE) including face mask, face shield, gown, and gloves (as per their point of care assessment needs) when assisting a resident, and perform hand hygiene as necessary. For residents who were allowed to have their meal services in the common dining areas, only one resident per table was allowed, and they should be placed at least six feet apart from co-residents to maintain proper social distancing. Staff should assist no more than one resident at a time. When a resident was unmasked eating at a table, co-resident's food tray should not be placed on the same table, at the same time.

During the lunch meal services, the inspector observed resident #005 was unmasked sitting on a chair at a table having their lunch. Resident #006 was sitting nearby, in wheelchair, without a table. A PSW wearing face mask and shield, but without gown or gloves, was encouraging resident #005 and assisting resident #006 to eat. Both resident's food trays were placed on resident #005's table while they were eating, and the PSW did not perform hand hygiene in between as required.

Sources: Inspector's observation; home's IPAC Policy (Tabs 02-08, 02-09, 04-02); interviews with the PSW and ADNC. [s. 229. (4)]

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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 15th day of March, 2021

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

Original report signed by the inspector.