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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: June 20, 2024
Original Report Issue Date: June 6, 2024
Inspection Number: 2024-1056-0002 (A1)
Inspection Type: Complaint Critical Incident Follow up
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership
Long Term Care Home and City: The Willows Estate Nursing Home, Aurora

Amended By	**Inspector who Amended Digital Signature**
Asal Fouladgar (751)	Asal Fouladgar Digitally signed by Asal Fouladgar Date: 2024.07.04 10:30:07 -04'00'

AMENDED INSPECTION SUMMARY

This report has been amended to:

Reflect changes in findings/grounds of Non-Compliance (NC) #001 and NC #002, extending the Compliance Due Date (CDD) for Compliance Order (CO) #002 as requested by the home, and minor wording change to part 5 (a) of CO #002 to allow the home to comply with Public Health Unit (PHU) guidance and compliance with Infection Prevention and Control (IPAC) measures specific to this part of the order.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 21 - 22, 27 - 30, 2024.

The following intake(s) were inspected:

- An intake related to first follow-up to Compliance Order (CO) #001/ Inspection Report #2024_1056_0001, O. Reg. 246/22 - s. 93 (2) (a) (i) related to Housekeeping with Compliance Due Date (CDD) of April 12, 2024.
- An intake related to a complaint regarding housekeeping and laundry services.
- An intake related to a Critical Incident Report (CIR) regarding safe and secure home.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2024-1056-0001 related to O. Reg. 246/22, s. 93 (2) (a) (i) inspected by Asal Fouladgar (751)

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Safe and Secure Home

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Home to be safe, secure environment

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 5
Home to be safe, secure environment
s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents.

The licensee has failed to ensure that the home was a safe and secure environment for its residents.

Rationale and Summary

During an observation in the home, multiple sharp items identified in a Personal Support Worker (PSW) supply cart and a drawer in a specific area of the home which were both accessible to the residents but not locked.

Registered Nurse (RN) #100 stated the PSW supply cart should have been locked and removed it from where it was located to a locked area in order to find its lock. RN #100 also removed the sharp items from the above-mentioned drawer.

RN #100 and the Administrator acknowledged that the above-mentioned observations were considered safety risk to the residents.

There was a risk of safety to the residents when the sharp items were accessible to residents who had cognitive impairment and were wandering in that area.

Sources: Observations, interview with staff.
[751]

WRITTEN NOTIFICATION: Specific duties regarding cleanliness and repair

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home's window screens were maintained in a good state of repair, specifically when the screens on multiple windows were not intact.

Rationale and Summary

During an observation in this inspection, multiple window screens noted to not be intact and one specific window screen had couple of large holes.

Review of the window audit binder for the previous two months prior to the date of observation, indicated some window screens were not intact and under "Action Taken" column, "small tear monitor" was documented.

The Environmental Service Manager (ESM) indicated the small tears should have been patched immediately and monitoring them alone would not have been an appropriate action.

There was risk of safety to the residents when the screens on the windows were not repaired immediately as insects and small animals could enter the home when the windows were left open.

Sources: Observations, window audit binder, and interview with the ESM.
[751]

COMPLIANCE ORDER CO #001 Windows

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres.

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

The licensee shall:

1) Develop and implement an auditing process to ensure appropriate corrective actions are taken related to any concerns found upon monthly window auditing.

a) The audits will be conducted for two specific months by the home's Environmental Service Manager.

b) Keep a documented record of the audits completed including the dates of

when the audits were completed, areas of the home audited, and any action taken when non-compliance is identified.

Grounds

The licensee has failed to ensure that every window in the home that opened to the outdoors and was accessible to residents had a screen.

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Director indicating that a resident was found outside of the home's building as they had exited a window by removing it from its frame.

Inspector #751 observed two windows located in a specific Resident Home Area (RHA) which the resident had climbed out of one of them. There were no screens in place for these two windows.

Review of the home's window audit binder dated two months prior to the incident, indicated that the same windows did not have screens and they were to be purchased.

The Administrator and the ESM confirmed the same and acknowledged the windows required screens.

There was risk of safety to the residents when an action was not taken immediately when the two windows were first identified as to not having screens.

Sources: The submitted CIR, observations, window audit binder, interviews with the

Administrator and ESM.
[751]

This order must be complied with by August 26, 2024.

COMPLIANCE ORDER CO #002 Laundry service

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)
Laundry service
s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,
(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

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

The licensee shall:

1) Ensure the Administrator and ESM analyze, review, and revise the policy related to linens and residents' personal clothing to identify, plan, and determine the number of clean linens, including but not limited to face, hand, and bath towels to be available within a 24-hour basis to meet residents' needs. The policy should also identify a schedule in the delivery of adequate clean linen supplies to each clean utility rooms, residents' bathrooms, all shower rooms, and linen closets in all RHAs based on the assessed residents' needs.

2) Upon completion of the analysis conducted in part 1, the Administrator and ESM

will determine the number of additional Laundry Aide staff to be hired for adequate service delivery. The home is to hire the additional Laundry Aide staff and provide training and education on the revised linen policy and procedures.

3) Maintain documented records of the analysis in part 1 and 2 and provide them to inspector(s) immediately upon request.

4) Provide education to all PSW and Laundry Aide staff on the revised policy, and linen delivery schedule.

a) Keep records of the name of the person who provided the education, date, and name of the participating staff members.

5) Develop and implement an auditing process to ensure that:

a) On "Day", "Evening", and "Night" shift, sufficient supply of clean facecloths and hand towels are available in residents' bathrooms based on their individual needs, prior to the start of the shift.

b) On "Day" and "Evening" shift, sufficient supply of clean linens including face, hand, and bath towels, are available in all shower rooms prior to the start of the shift.

c) On "Day", "Evening", and "Night" shift, sufficient supply of clean linens including face, hand, and bath towels are available on all PSW carts, in all linen closets, and linen storage rooms prior to the start of the shift.

d) The audits for parts a to c, will be conducted daily including weekends for a period of eight weeks, by a member of the management team or a designated registered staff.

e) Keep a documented record of the audits completed for part a to c including the dates of when the audits were completed, identifying which shift, and any corrective action taken when non-compliance is identified.

6) Conduct a written resident satisfaction survey for all residents and/or their substitute decision makers regarding the availability of sufficient supply of clean linens in the home, upon the completion of the auditing process required in section 5 of this order.

a) Keep a documented record of the content of the survey, the analysis of the survey results, and any action taken as a result of the survey. The survey should include the date and names of the residents/substitute decision makers who completed it.

b) If the survey result was below 80 (percent) % satisfaction, the home must implement a corrective action plan.

7) Conduct a written PSW staff satisfaction survey regarding the availability of sufficient supply of clean linens in the home, upon the completion of the auditing process required in section 5 of this order.

a) Keep a documented record of the content of the survey, the analysis of the survey results, and any action taken as a result of the survey. The survey should include the date and names of PSW staff who completed it.

b) If the survey result was below 80% satisfaction, the home must implement a corrective action plan.

Grounds

The licensee has failed to ensure sufficient supply of clean linen, face cloths, and bath towels were always available in the home for use by residents.

Rationale and Summary

A complaint was made to the Director related to concerns regarding the availability of linens specifically hand, face, and bath towels, in the home.

In an observation, there were no towels on the small clean linen carts in a specific RHA and no towels were found in multiple residents' bathrooms.

The linen closet on the first floor was noted to not have any face or hand towels. Ample supply of packed towels was observed in a storage room in the basement.

PSW #101 and RN #100 indicated that they did not have sufficient supply of towels on the day of the observation at the beginning of the shift and that they had informed the home's management on the same day via electronic mail (E-mail). Multiple interviews with residents indicated that they did not have adequate towels. One resident indicated they often used their personal blouse to wash and dry themselves and this has been a long-standing concern. Several direct care staff also confirmed that there was an insufficient supply of hand and face towels to provide care and that they were often not readily available for use in the home.

The home's "Clean Linens and Personal Clothing" policy did not specify an amount of linen to be provided for each resident however stated that linens must be delivered to designated areas (Clean Utility Rooms) by the Laundry Aides every shift to ensure adequate levels of clean linens are available.

Laundry Aide (LA) #102 indicated they were the only LA working full-time hours. They stated they would re-stock the main linen storage room after they initiated their first load of wash in the mornings. They also confirmed that the towels in the storage linen room in the basement were not readily available to be used by staff as they were supposed to be washed before use.

The ESM confirmed the same and clarified that the home currently has one full-time LA, and another housekeeping staff who is trained, was covering the part-time hours on day shift and there were no LA schedules for the evening or night shift.

By not ensuring that a sufficient supply of clean linen including facecloths, hand, and bath towels are readily available in the home, the residents' care, emotional, and mental well-being were affected, as they felt frustrated and less dignified.

Sources: Observations, "Linens and Resident Personal Clothing" policy, photographic evidence, e-mail communication from staff to the home's management, interviews with residents and staff.
[751]

This order must be complied with by September 26, 2024.

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.