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

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 11, 2021	2021_745690_0015	005684-21	Complaint

Licensee/Titulaire de permis

Woods Park Care Centre Inc.
110 Lillian Crescent Barrie ON L4N 5H7

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

Woods Park Care Centre
110 Lillian Crescent Barrie ON L4N 5H7

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

TRACY MUCHMAKER (690)

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): May 25-28, 2021.

-One log, which was a complaint that was submitted to the Director regarding essential visitor restrictions related to COVID-19.

A Critical Incident System Inspection #2021_745690_0014 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Associate Director of Care (ADOC), Infection Prevention and Control (IPAC) Lead, Public Health Nurse, Housekeeping Supervisor, Maintenance Manager, Housekeeper(s), Recreation Assistants, Physiotherapy Assistant (PTA), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Care Support Aides (CSA), Physiotherapy student, family members and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, observed infection control practices, reviewed relevant health care records, internal documents, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

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

Covid-19 Directive #3, directed that all staff and essential visitors were required to wear

appropriate eye protection (e.g., googles or face shield) when they were within two metres of a resident(s) as part of provision of direct care and/or when they interacted with a resident(s) in an indoor area.

Furthermore, the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management", indicated that as per provincial health authority directives, the minimum requirement for Personal Protective Equipment (PPE) during the COVID-19 pandemic in long term care communities was: Universal surgical mask and eye protection within two metres of a resident when providing direct care and/or interacting with a resident in an indoor area.

During the Inspection, the Inspector observed the following:
-On the first day of the inspection, the inspector observed multiple staff on the unit in close proximity to residents, and they either did not have any eye protection on or had the eye protection on top of their head,
-On the second day of the inspection, the Inspector observed two essential care givers visiting in resident rooms, one of which had a specified type of precaution in place and neither essential caregiver had eye protection on,
-On the third day of the inspection, the inspector observed two staff members pushing wheelchairs with residents sitting in them in the hall of a resident unit, and neither staff had any eye protection on,
-On the fourth day of the inspection, the inspector observed a staff member screening people at the main entrance of the home and did not have eye protection on.

In interviews with multiple staff, they verified that all staff were required to wear eye protection if they were within 2 metres of a resident, or providing direct care. During interviews with the Infection Prevention and Control (IPAC) Lead for the home, Associate Director of Care (ADOC), and the Administrator, they verified that according to Covid-19 Directive #3, all staff and essential caregivers should be wearing eye protection when they were within 2 metres of a resident providing care or interacting with residents indoors.

Sources: Observations of staff and Essential Caregivers, Covid-19 Directive #3, dated May 4, and May 22, 2021, the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management-IX-N-10.40", last revised May 2021, interviews with staff, IPAC Lead, ADOC, and the Administrator. [s. 5.]

2. During an observation of a PSW in a resident's room that had a specified type of

precautions in place, the inspector observed that the staff member did not have one of the required pieces of PPE on. The PSW indicated to the inspector that they were aware that they were to wear the specified piece of PPE to enter the resident's room, but that there were none available at the door and they entered the room anyways.

A review of the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management", indicated that the nurse would place all residents that were move-ins and returns from hospital transfers on droplet and contact precautions. The policy further indicated that the healthcare worker providing direct care to suspected, probable, or confirmed COVID-19 positive residents, or visitors entering the room, would be required to wear surgical/procedure mask, isolation gown, gloves, and eye protection (goggles or face shield).

In an interview with the IPAC Lead and ADOC, they indicated that staff were required to wear the specified type of PPE when entering the room of a resident that was on the specified type of precautions.

Sources: Observation of a PSW, the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management", dated May 2021, interviews with the PSW, IPAC Lead, and ADOC. [s. 5.]

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 is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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.

On the first day of the inspection, the inspector observed two staff members going room to room delivering the nourishment cart. The inspector observed the two staff enter and exit a resident room and proceed to prepare a drink and snack for the next resident, then enter and exit another resident's room. Neither staff performed hand hygiene before entering or upon exiting the resident rooms. The Inspector also observed a staff member going room to room on a unit, doing temperature checks on the residents. The inspector noted that the staff member washed their hands in the resident's washroom upon entering the room and did not perform hand hygiene upon exiting the resident's room.

On the third day of the inspection, the inspector observed a staff member entering and exiting resident rooms with a thermometer. The staff member did not perform hand hygiene prior to entering or upon exiting the resident's rooms.

The home's policy titled "Hand Hygiene", identified that staff were to practice hand hygiene to reduce the spread of infection, and that alcohol-based hand rub (ABHR), was the preferred method for decontaminating hands when hands were not visibly soiled. The policy further indicated that staff were to perform hand hygiene using ABHR when visible soil was absent, after contact with a resident's intact skin, after contact with inanimate objects, before entering a resident's room, and upon exiting a resident's room.

In interviews with two Personal Support Workers (PSW), they verified to the inspector that they did not perform hand hygiene when delivering the nourishment cart to residents. A Registered Nurse (RN), indicated that they preferred to wash with soap and water instead of using ABHR, and another RN verified that they do not perform hand hygiene when entering or exiting resident rooms when doing temperature checks as they do not touch the residents when checking temperatures. In an interview with the IPAC Lead, ADOC, and the Administrator, they identified that staff were to perform hand hygiene as per the home's policy.

Sources: Observations of staff, the home's policy titled "Hand Hygiene-IX-G-10.10, last revised April 2019, interviews with staff, IPAC Lead, ADOC, and the Administrator. [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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the resident's right to communicate in confidence, receive visitors of his or her choice and consult in private without interference.

The Ministry of Long Term Care "COVID-19 visiting policy", defined an essential care giver as a type of essential visitor who was designated by the resident and/or their substitute decision maker and was visiting to provide direct care to the resident (e.g. supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making).

Furthermore the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management", defined an essential caregiver as an essential visitor designated by the resident/substitute decision maker to provide caregiver support e.g. meal assistance, social support, meaningful connections, rational continuity, and decision-making.

A complaint was submitted to the Director related to the home's Essential Caregiver visiting practices. The complainant indicated that they were an essential caregiver and substitute decision maker (SDM) for the resident, and that during a visit was advised by the home that they could not provide a specified type of care as they had to remain two metres away from the resident. An interview with the ADOC, and Administrator verified that the essential caregiver was told to remain two metres away from the resident, and that they could not assist with a specified type of care.

Sources: The Ministry of Long Term Care "Covid-19 Visiting Policy", dated December 29, 2020, the home's policy titled "Novel-Coronavirus-COVID-19 Prevention and Management-IX-N-10.40, dated May 2021, interviews with the complainant, ADOC, and the Administrator. [s. 3. (1) 14.]

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (2) The licensee shall ensure that a documented record is kept in the home that includes,
(a) the nature of each verbal or written complaint; O. Reg. 79/10, s. 101 (2).
(b) the date the complaint was received; O. Reg. 79/10, s. 101 (2).
(c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; O. Reg. 79/10, s. 101 (2).
(d) the final resolution, if any; O. Reg. 79/10, s. 101 (2).
(e) every date on which any response was provided to the complainant and a description of the response; and O. Reg. 79/10, s. 101 (2).
(f) any response made in turn by the complainant. O. Reg. 79/10, s. 101 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a documented record was kept in the home that included, (a) the nature of each verbal or written complaint; (b) the date the complaint was received; (c) the type of action taken to resolve the complaint, including the date of the action, time frames for actions to be taken and any follow-up action required; (d) the final resolution, if any; (e) every date on which any response was provided to the complainant and a description of the response; and (f) any response made in turn by the complainant.

A complaint was submitted to the Director in relation to the home's current visiting restrictions for essential caregivers.

A review of the home's policy titled "Complaints Management Program", indicated that when a complaint was received at the care community, the Executive Directive or designate would identify the complaint, document the investigation and follow up actions on the Weekly Operational Review (WOR) complaint tab.

A review of a resident's health records identified three progress notes related to complaints that the resident's designated essential caregiver had brought forward to the home, related to visiting restrictions and the covid-19 outbreak. The Administrator of the home verified that there was no information documented in the WOR related to the complaints. The Inspector reviewed the progress notes with the Administrator, and they identified that based on the information included in the progress notes, the complaints should have been added to the WOR by the Interim Director of Care (IDOC). The Administrator further indicated that had they been aware of the progress notes, they would have followed up with the complainant.

Sources: A resident's progress notes, the home's policy titled "Complaints Management Program (ON)-XXIII-E-10.00", last revised June 2019, interview with the Administrator. [s. 101. (2)]

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

Issued on this 23rd day of June, 2021

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

Original report signed by the inspector.