

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
Feb 25, 2021	2021_833763_0003	000951-21, 002478-21	Complaint

Licensee/Titulaire de permis

Friuli Long Term Care
7065 Islington Avenue Woodbridge ON L4L 1V9

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

Villa Leonardo Gambin
40 Friuli Court Woodbridge ON L4L 9T3

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

IANA MOLOGUINA (763)

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): February 11, 12, 16, 17, 18, and 19, 2021.

The following intakes were completed during this Complaint Inspection:

- Log # 000951-21 was related to COVID-19 outbreak management, staffing shortages and medication changes.**
- Log # 002478-21 was related to the home allowing general visitors during a COVID-19 outbreak.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Behavioural Support Ontario (BSO) Nurse, Registered Nurse (RN), and a Personal Support Worker (PSW).

During the course of this inspection, the inspector reviewed resident clinical records and conducted observations, including staff-resident interactions and resident care provision.

**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.

- 1 WN(s)**
- 1 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

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. 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.

The Ministry of Long-Term Care (MLTC) received a complaint indicating that several

general visitors were permitted entry to the facility during a COVID-19 outbreak.

On March 22, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. Homes were required to have a visitor policy in place outlining that only essential visitors were permitted in the facility during a COVID-19 outbreak. Essential visitors included persons performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy)) or persons visiting a very ill or palliative resident. General visits were also not permitted when the home was located in a high community transmission region (i.e. Grey (Lockdown) level).

The home's COVID-19 visitor policy indicated that general visits were not permitted if the home went into outbreak or was located in an area identified as having a higher community spread of COVID-19. Visitors were also to provide proof of a negative COVID-19 test result conducted within seven days prior to their visit.

Inspector #763 reviewed the home's records which indicated that 35 general visitors were permitted on-site while the home was on outbreak.

The inspector also reviewed attestation forms available for the times general visitors were permitted into the facility. These were signed by home visitors and included a section to confirm that the visitor received a negative COVID-19 test result within the last seven days. Only three forms for the above visitors were found and indicated that they either did not get a COVID-19 test completed prior to visiting, or left that section blank on the form.

The home's management staff confirmed that the home was experiencing an outbreak, was located in a Grey (Lockdown) level zone, and should not have allowed general visitors into the facility. They also indicated that the above visitors did not all attest to completing a COVID-19 test prior to entering.

Sources: visitation records; "Visitors (COVID-19) (ON)" policy # IX-N-10.44 (last revised December 2020); Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 revised December 7, 2020; staff interviews. [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.

Issued on this 1st day of March, 2021

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

Original report signed by the inspector.