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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: September 5, 2023	
Inspection Number: 2023-1440-0008	
Inspection Type: Proactive Compliance Inspection	
Licensee: Schlegel Villages Inc.	
Long Term Care Home and City: The Village of Humber Heights, Etobicoke	
Lead Inspector Adelfa Robles (723)	**Inspector Digital Signature** Adelfa P Robles Digitally signed by Adelfa P Robles Date: 2023.09.11 15:31:25 -04'00'
Additional Inspector(s) Nital Sheth (500)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 17-18, 21-25 and 28-29, 2023

The following intake(s) were inspected:

- Intake: #00094538 - Proactive Compliance Inspection

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

Falls Prevention and Management
Food, Nutrition and Hydration
Infection Prevention and Control
Medication Management
Pain Management
Prevention of Abuse and Neglect
Quality Improvement
Resident Care and Support Services
Residents' and Family Councils
Residents' Rights and Choices
Safe and Secure Home
Skin and Wound Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Dignity and Choice

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 2.

The licensee has failed to ensure that staff treated the residents with respect and dignity during mealtimes.

Rational and Summary
During meal observation, a staff member was communicating to another staff member the residents' meal choices by raising their voice from a distance in the dining room. The staff member was standing at the residents' table to obtain the residents' selected meal choice and they would relay the information using a raised voice to the other staff who was standing at the servery counter. This interaction created unnecessary noise in the dining room.

The home's policy on dining directed to avoid unnecessary noise to provide pleasurable dining atmosphere to the residents.

The home confirmed that the residents should have a pleasurable dining experience that promotes dignity and respect. The identified staff should have walked to the servery counter to process the meal orders for residents to avoid unnecessary noise in the dining room.

Failure to follow the appropriate process in the dining room led to increased noise levels which compromised the atmosphere of dignity and respect in the dining room.

Sources: Observations, Policy (Tab #08-10, Dining Atmosphere) and staff interviews.

[500]

WRITTEN NOTIFICATION: PLAN OF CARE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Rational and Summary
A resident was served a fluid consistency not in accordance with the required fluid consistency as per their plan of care.

The resident's plan of care indicated that they require a specific fluid consistency due to a medical condition.

The home confirmed that the resident was at risk of negative health outcomes when the required fluid consistency was not provided as specified.

Failure to provide the correct fluid consistency increased the risk of negative health outcomes for the resident.

Sources: Observations, a resident's written plan of care and staff interviews.

[500]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

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

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented.

The licensee failed to implement measures in accordance with the "Infection Prevention and Control Standard for Long-Term Care Homes, April 2022" (IPAC Standard). Specifically, additional requirements 9.1 (d) under IPAC standard required proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal and disposal.

Rationale and Summary
The List of Residents in isolation as provided by the home indicated that a resident room was on isolation due to an infection. Written plan of care for the resident indicated that they were on Droplet Contact Precaution (DCP). The room had a DCP signage posted outside the bedroom door with PPE available at Point of Care (POC).

A staff was observed taking the resident's vital signs in the identified room with no eye protection.

Staff confirmed that the resident in the identified room was on DCP and required eye protection when providing care to the resident. The home stated that staff were expected to wear all the required PPE when going inside a resident's room on enhanced IPAC precaution.

There was an increased risk of infectious disease transmission when staff did not wear the required PPE when providing care to a resident on enhanced IPAC precaution.

Sources: Observations, IPAC Standard for Long Term Care Homes, April 2022, List of Resident on Isolation, a resident's written plan of care and staff interviews.

[723]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)

The licensee has failed to ensure that all staff participated in the implementation of the IPAC program.

Rational and Summary
During meal observation, staff did not perform hand hygiene after clearing soiled dishes and transitioned to their next task related to meal service in the dining room.

The home confirmed that staff were required to perform hand hygiene in between tasks and after clearing soiled dishes.

Failure to follow IPAC practices increased the risk of cross contamination and disease transmission in the home.

Sources: Observations and staff interviews.

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COMPLIANCE ORDER CO #001 Personal Health Information

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Educate staff on principles of Personal Health Information Protection Act (PHIPA) 2004.
2. Maintain a record of the education, including the content, date, signatures of staff who attended and the staff member who provided the education.

Grounds
The licensee has failed to ensure that the residents' right to have their PHI within the meaning of the PHI Protection Act, 2004 was kept confidential in accordance with that Act and was fully respected and promoted.

Rationale and Summary
An identified staff showed their personal device with resident's personal information to the inspector during an interview. The identified staff confirmed that the home utilized an electronic system during meals which included resident profiles. As per the identified staff, the electronic system was often delayed and nonoperational. Therefore, they saved the residents' personal information on their personal device.

The home confirmed that the information in the electronic system was considered PHI and should have been kept confidential and staff should not have kept this information on their personal device.

Because the residents' PHI was stored on a personal device, residents were at risk of having their PHI exposed to unauthorized access and could potentially compromise the residents' rights to dignity and security.

Sources: Observations and staff interviews.

[500]

This order must be complied with by October 16, 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.