

**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 2, 2021	2020_556168_0023	017233-20, 023904-20	Complaint

Licensee/Titulaire de permis

Parkview Meadows Christian Retirement Village
72 Town Centre Drive Townsend ON N0A 1S0

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

Gardenview Long Term Care Home
72 Town Centre Drive Townsend ON N0A 1S0

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

LISA VINK (168)

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): December 8, 9 and 14, 2020 and off site on January 18 and 22, 2021.

This inspection was completed for complaint log 017233-20 related to residents' bill of rights.

This inspection was completed for complaint log 023904-20 related to resident charges and residents' bill of rights.

During the course of the inspection, the inspector(s) spoke with the Administrator, Controller, Recreation Manager, Registered Nurses, dietary staff, Resident Coordinator, a hair dresser, a family member and resident.

During the course of the inspection, the inspector toured a resident's room and reviewed documents including but not limited to: clinical health records, financial records, resident contracts and agreements, emails and procedures.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Reporting and Complaints

Resident Charges

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

2 WN(s)

0 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. 91. Resident charges

Specifically failed to comply with the following:

s. 91. (3) Even if the licensee does not have an agreement with the resident, the resident is responsible for the payment of amounts charged by the licensee for basic accommodation in accordance with paragraph 1 or 2 of subsection (1). 2007, c. 8, s. 91. (3).

Findings/Faits saillants :

1. The licensee failed to ensure that a resident was only charged for services under an agreement.

A review of the business file for a resident included that their representative authorized additional charges to the resident's Trust Account; however, there was no documentation to support authorization for a specified service/charge.

A review of the resident's Trust Transaction History included that the resident's account was charged \$25.00 a month, for three months, for a specified service.

The Trust Transaction History also included that the following month the resident's account was credited \$75.00 for a reversal of the fees charged.

Documentation provided by the representative confirmed that they were made aware of the charges pending and did not consent to the charges.

Interview with the Controller confirmed that the resident was charged for the service before the charges were reversed when it was identified that they did not utilize the service.

The resident was charged for a service which they did not authorize.

Sources: Trust Transaction History and Schedule B agreements for a resident, interview with the resident's representative, and interview with the Controller and other staff. [s. 91. (3)]

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :

1. The licensee failed to comply with the conditions to which they were subject.

Section 101 (3) of the Long-Term Care Home Act identified that it was a condition of every licence that the licensee complied with the Act and every directive issued under the Act.

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, with an implementation date of December 9, 2020, required long-term care homes (LTCH) to have a visitor policy in place that was consistent with the Directive and guided by applicable policies.

The Ministry of Long-Term Care (MOLTC), provided a COVID-19 Visiting Policy, effective date November 16, 2020, to support homes to implement the requirements of Directive #3, to safely receive visitors while they protected residents, staff and visitors from the risk of COVID-19.

As identified in Directive #3, homes were to comply with the Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, effective November 23, 2020.

The home is located in a public health region where there was evidence of increasing/significant community transmission and was categorized in an orange-restrict region, as outlined in the COVID-19 Response Framework: Keeping Ontario Safe and Open.

The home's Visitor Policy, revised October 2020, was identified to be the most current policy in place to direct staff on December 14, 2020.

- i. The policy did not identify that where a support worker required immediate access to the home in an emergency situation, that they did not need to request an attestation for a negative COVID-19 test result, as set out in the MOLTC, COVID-19 Visiting Policy.
- ii. The policy did not require that caregivers and support workers demonstrate that they had received a negative COVID-19 test result in the past week, and verbally attest to not subsequently being tested positive, as required in the Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes.

The licensee did not comply with the conditions to which they were subject.

Sources: Review of Visitor Policy and interview with the Recreation Supervisor and other staff. [s. 101. (4)]

Issued on this 3rd day of February, 2021

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

Original report signed by the inspector.