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

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
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130, avenue Dufferin 4ème étage
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Amended Public Copy/Copie modifiée 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
Jan 18, 2022	2021_917213_0013 (A1)	014896-21, 015460-21, 015461-21, 016545-21, 017177-21, 018313-21	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the Municipality of Chatham-Kent
519 King Street West Chatham ON N7M 1G8

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

Riverview Gardens
519 King Street West Chatham ON N7M 1G8

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

Amended by RHONDA KUKOLY (213) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

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

This licensee inspection report has been revised to reflect a change to the compliance due date for compliance order #001. The Critical Incident System inspection #2021_917213_0013 was completed December 6 to 14, 2021. A copy of the revised report is attached.

Issued on this 18th day of January, 2022 (A1)

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

Original report signed by the inspector.

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

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Jan 18, 2022	2021_917213_0013 (A1)	014896-21, 015460-21, 015461-21, 016545-21, 017177-21, 018313-21	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the Municipality of Chatham-Kent
519 King Street West Chatham ON N7M 1G8

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

Riverview Gardens
519 King Street West Chatham ON N7M 1G8

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

Amended by RHONDA KUKOLY (213) - (A1)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): December 6, 7, 8, 9, 10, 13, 14, 2021.

The following intakes were completed in this critical incident inspection:

Log #014896-21, Critical Incident #M626-000034-21, related to a fall

Log #015460-21, Follow-up to Compliance Order #001, issued in inspection #2021_747725_0030, related to screening

Log #015461-21, Follow-up to Compliance Order #002, issued in inspection #2021_747725_0030, related to infection prevention and control

Log #016545-21, Critical Incident #M626-000040-21, related to a fall

Log #017177-21, Critical Incident #M626-000042-21, related to an altercation between residents

Log #018313-21, Critical Incident #M626-000044-21, related to a fall

This inspection was completed concurrently with complaint inspection #2021_917213_0014.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, Nurse Managers, the Supervisor of Environmental Services, the Coordinator of Training and Safety, the Volunteer Coordinator, a Chatham-Kent Public Health Unit Inspector, Registered Nurses, Registered Practical Nurses, Personal Support Workers, housekeepers, screening staff, volunteers, residents, visitors and family members.

The inspectors also made observations and reviewed health records, training records, policies and procedures, complaint logs, internal investigation records, communications in the home and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Skin and Wound Care

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

5 WN(s)
2 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_747725_0030	725

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 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 all staff participated in the infection control program by using the required personal protective equipment properly and completing enhanced cleaning during an outbreak, as per the Ministers Directive during the COVID-19 pandemic in place at the time of the inspection.

Compliance Order (CO) #002 was issued October 26, 2021, in Inspection #2021_747725_0030, with a compliance date of November 30, 2021, and stated:

Ensure all staff participate in the Infection Prevention and Control (IPAC) program.

During the course of this inspection, the home was in a respiratory outbreak on one unit and the following observations were made:
- Staff were observed donning personal protective equipment (PPE) without completing hand hygiene first
- Staff were observed wearing masks below their nose
- Staff were observed not wearing eye protection on the outbreak unit
- Volunteers were observed not wearing masks near residents
- Visitors were unsure of the correct method of removing PPE

A Public Health Unit (PHU) Inspector indicated that the PPE expected to be used, was a mask and eye protection, as well as gown and gloves for direct care. The PHU Inspector indicated that they directed the home to use masks and eye protection for the outbreak unit universally. The PHU inspector also indicated that specific direction for environmental cleaning was not provided, as environmental cleaning had been enhanced since the beginning of the pandemic.

A Housekeeping Staff stated high touch surfaces were only cleaned once on their shift and no other shift was assigned to clean the high touch surfaces. The Supervisor of Environmental Services (SES) said that the home would normally schedule an additional cleaning shift; however, they had not been successful in scheduling an extra cleaning shift for the outbreak unit. The SES indicated that during the course of the outbreak, an extra cleaning shift was only successfully scheduled one out of twelve days.

The DOC said that the expectation would be for staff to follow universal masking, use the point of care risk assessment for additional PPE if required, and follow the home's policy relating to proper PPE usage. The DOC indicated PPE required on the outbreak unit was universal masking and eye protection and for direct care, the addition of gowns and gloves. The DOC also indicated the expectation would be for high touch surfaces to have increased cleaning.

The licensee not ensuring all staff participated in the infection control program placed residents at risk by decreasing potential barriers in place to reduce the risk of spread of infection.

Sources: Observations, staff volunteer and visitor interviews, interview with a PHU

Inspector, the home policies and procedures. COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021). [s. 229. (4)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)
The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home's Fall Prevention policy was complied with.

O. Reg. 79/10 s. 48 (1) 1. states: Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The home's fall prevention policy stated in part:
- Initiate Head Injury Routine (HIR) for all un-witnessed falls
- Monitor every thirty minutes for the first two hours and then every one hour for six hours, then every four hours for 16 hours, then every eight hours for 24 hours post fall.

A resident was identified as having had an unwitnessed fall. The HIR for the resident indicated “sleeping” in one of the time slots. Progress notes indicated that the neurological vitals were not completed because the resident was sleeping. The Director of Care stated that the expectation was to follow the policy and wake the resident to complete the HIR. Not completing the HIR for a resident placed the resident at risk for potential undetected complications relating to a head injury.

Sources: Health records for a resident, staff interviews and the home's Medical Care “Fall Prevention. Policy Code: NUR MED issued: Apr./06, revised: April 2021. [s. 8. (1)]

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's Fall Prevention policy is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours; O. Reg. 79/10, s. 50 (2).
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and O. Reg. 79/10, s. 50 (2).
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents at risk for, and with actual altered skin integrity, received applicable skin assessments by a member of the registered nursing staff initially and weekly, as well as an assessment by a registered dietitian, related to skin and wound.

A Head to Toe skin assessment was initiated for a resident at risk for, and with altered skin integrity, but was not completed and left blank. There was also no wound assessment using a clinically appropriate assessment tool, completed for a wound. A registered nursing staff member and the Director of Care (DOC) stated that skin and wound assessments should have been completed for this resident as per policy. (725)

Another resident with altered skin integrity did not have wound assessments completed by a member of the registered nursing staff initially or weekly. A registered dietitian did not complete an assessment and the treatment was not included on the Treatment Administration Record to direct staff to provide the treatment as ordered. A registered nursing staff member said that there should have been assessments completed for this resident and that the treatment was not included on the Treatment Administration Record for staff. (705241)

Not having appropriate skin and wound assessments completed, placed two residents at risk for potential complications.

Sources: Health records for two residents, Riverview Gardens Wound Care policy dated revised May 30, 2020, and staff interviews. [s. 50. (2)]

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 a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff upon any return of the resident from hospital and that residents exhibiting altered skin integrity receive a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment, were assessed by a registered dietitian who was a member of the staff of the home and were reassessed at least weekly by a member of the registered nursing staff when clinically indicated, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).
3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).
4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).
5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff who had reasonable grounds to suspect that abuse of a resident by another resident, resulting in injury, immediately reported the suspicion and the information upon which it was based to the Director.

The home submitted a critical incident report to the Director indicating that three days prior, two residents were found by staff in the lounge yelling and one resident had a new injury. The other resident was known to staff to have physically responsive behaviours.

The Director of Care and a registered nursing staff member said that there were reasonable grounds for the staff to suspect abuse of a resident, and a critical incident should have been immediately reported to the Director.

Sources: A critical incident report, staff interviews, observations of residents and health records for two residents. [s. 24. (1)]

WN #5: 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:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to complete the requirements of Compliance Order (CO) #001, issued in inspection #2021_747725_0030, regarding s. 5 of the LTCHA, by the Compliance Due Date (CDD) of October 4, 2021.

CO #001 issued in inspection #2021_747725_0030 regarding LTCHA s. 5, ordered the home to complete the following: Educate the management team and any persons working the designated screening area regarding their specific roles and responsibilities related to the active screening of all persons entering the Long-Term Care Home at any time throughout the day, evening and night, as outlined in Directive #3, by October 4, 2021.

The training sign in sheet indicated that thirteen managers completed the training after the CDD of October 4, 2021. One completed the training on October 5, 2021, and twelve completed the training on October 19, 2021. The Coordinator of Training and Safety said that there was a misinterpretation of the 'management' that required the training and once recognized, all managers were then trained.

Sources: "Screeners Area Roles and Responsibilities Training" sign in sheet and staff interview with the Training and Safety Coordinator. [s. 101. (3)]

Issued on this 18th day of January, 2022 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Amended Public Copy/Copie modifiée du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	Amended by RHONDA KUKOLY (213) - (A1)
Inspection No. / No de l'inspection :	2021_917213_0013 (A1)
Appeal/Dir# / Appel/Dir#:	
Log No. / No de registre :	014896-21, 015460-21, 015461-21, 016545-21, 017177-21, 018313-21 (A1)
Type of Inspection / Genre d'inspection :	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Jan 18, 2022(A1)
Licensee / Titulaire de permis :	The Corporation of the Municipality of Chatham-Kent 519 King Street West, Chatham, ON, N7M-1G8
LTC Home / Foyer de SLD :	Riverview Gardens 519 King Street West, Chatham, ON, N7M-1G8
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Mary Alice Searles

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

To The Corporation of the Municipality of Chatham-Kent, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre: 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / Lien vers ordre existant: 2021_747725_0030, CO #002;

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with s. 229(4) of O. Reg. 79/10.

Specifically, the licensee must:
1. Ensure all staff participate in the Infection Prevention and Control (IPAC) program.
2. Follow the most up to date Directive #3 and the applicable guidance documents related to the use of personal protective equipment (PPE) and environmental cleaning frequencies.
3. Identify a dedicated IPAC lead who has education and experience in IPAC practices, who is a full-time employee of the home, as well as a back up IPAC lead, neither of whom are the Director of Care.
4. Develop and implement an IPAC compliance protocol to include:
- Daily audits to be completed by the IPAC lead, back up IPAC lead or designate, on a minimum of 3 random units per day to ensure that PPE is worn appropriately as per the current prevailing practice identified by Public Health Ontario and the Chatham-Kent Public Health Unit.
- Audits to include full time staff, part time staff, staff of all of the different departments, volunteers, caregivers, and visitors and must rotate between shifts (days, evenings and nights) randomly.
- Audits to include environmental cleaning as per the current directive at the time and to include non-outbreak units/areas and outbreak units/areas when the home is in outbreak.
- Documentation of environmental cleaning.
- Documentation of the audits.

- How deficiencies will be addressed including first time deficiencies for individuals as well as repeated deficiencies, and the escalation of follow up to repeated deficiencies.
- Identify the accountability of all staff, including all departments, shifts and designation to be observant of, identify and act on non-compliance with the protocol related to universal masking, donning and doffing PPE, handwashing and cleaning, as well as reporting protocols and follow up actions required.
- Weekly analysis of the audits completed to identify trends and action plans for improvements required.

5. Document the audits completed including date, time, name of auditor, designation of auditee, location, what was audited, results and follow up completed.
6. Audits to be completed until the Ministry of Long-Term Care has complied the Order.
7. Re-train all staff on universal masking, donning and doffing PPE, and the new protocol for IPAC compliance.
8. Re-train all caregivers, visitors and volunteers on universal masking and appropriate donning and doffing of PPE.
9. Keep a record of all training completed including name of trainee, trainer, date of training and content of the training.

Grounds / Motifs :

1. The licensee has failed to ensure that all staff participated in the infection control program by using the required personal protective equipment properly and completing enhanced cleaning during an outbreak, as per the Ministers Directive during the COVID-19 pandemic in place at the time of the inspection.

Compliance Order (CO) #002 was issued October 26, 2021, in Inspection #2021_747725_0030, with a compliance date of November 30, 2021, and stated: Ensure all staff participate in the Infection Prevention and Control (IPAC) program.

During the course of this inspection, the home was in a respiratory outbreak on one unit and the following observations were made:

- Staff were observed donning personal protective equipment (PPE) without completing hand hygiene first
- Staff were observed wearing masks below their nose

- Staff were observed not wearing eye protection on the outbreak unit
- Volunteers were observed not wearing masks near residents
- Visitors were unsure of the correct method of removing PPE

A Public Health Unit (PHU) Inspector indicated that the PPE expected to be used, was a mask and eye protection, as well as gown and gloves for direct care. The PHU Inspector indicated that they directed the home to use masks and eye protection for the outbreak unit universally. The PHU inspector also indicated that specific direction for environmental cleaning was not provided, as environmental cleaning had been enhanced since the beginning of the pandemic.

A Housekeeping Staff stated high touch surfaces were only cleaned once on their shift and no other shift was assigned to clean the high touch surfaces. The Supervisor of Environmental Services (SES) said that the home would normally schedule an additional cleaning shift; however, they had not been successful in scheduling an extra cleaning shift for the outbreak unit. The SES indicated that during the course of the outbreak, an extra cleaning shift was only successfully scheduled one out of twelve days.

The DOC said that the expectation would be for staff to follow universal masking, use the point of care risk assessment for additional PPE if required, and follow the home's policy relating to proper PPE usage. The DOC indicated PPE required on the outbreak unit was universal masking and eye protection and for direct care, the addition of gowns and gloves. The DOC also indicated the expectation would be for high touch surfaces to have increased cleaning.

The licensee not ensuring all staff participated in the infection control program placed residents at risk by decreasing potential barriers in place to reduce the risk of spread of infection.

Sources: Observations, staff volunteer and visitor interviews, interview with a PHU Inspector, the home policies and procedures. COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (Effective Date of Implementation: July 16, 2021). [s. 229. (4)]

An order was made by taking the following factors into account:
Scope: The scope was determined to be a pattern based on multiple observations of

staff and resident interactions.
Severity: There was potential risk associated with the non-compliance, as staff not participating in the infection control program eliminates the effectiveness of interventions put in place to reduce the risk of spread of infection
Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 229 (4) of O. Reg 79/10. This subsection was issued as a CO on October 26, 2021, during inspection # 2021_747725_0030, with a compliance due date of November 30, 2021. One other CO was issued to the home in the past 36 months, on October 26, 2021, related to s. 5 of the LTCHA, regarding screening during a pandemic. This order was complied during this inspection.
(725)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 01, 2022(A1)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l’envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l’envoi de la télécopie. Si un avis écrit de la décision du directeur n’est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l’expiration de ce délai.

Le/la titulaire de permis a le droit d’interjeter appel devant la Commission d’appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d’un ordre ou des ordres d’un inspecteur ou d’une inspectrice conformément à l’article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n’a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d’audience, il ou elle doit, dans les 28 jours de la signification de l’avis de la décision du directeur, donner par écrit un avis d’appel à la fois à :

la Commission d’appel et de révision des services de santé et au directeur

À l’attention du/de la registrateur(e)
Commission d’appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d’appels
Direction de l’inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d’appel, la CARSS en accusera réception et fournira des instructions relatives au processus d’appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 18th day of January, 2022 (A1)

Signature of Inspector /
Signature de l’inspecteur :

Name of Inspector /
Nom de l’inspecteur :

Amended by RHONDA KUKOLY (213) - (A1)

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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Service Area Office / Bureau régional de services : London Service Area Office