

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 12, 2021	2021_563670_0002	023109-20	Follow up

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village at St. Clair
1800 Talbot Road Windsor ON N9H 0E3

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

DEBRA CHURCHER (670), KRISTEN MURRAY (731), SAMANTHA PERRY (740)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): December 21, 22 and 29, 2020. January 4, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22 and 24, 2021. Offsite January 25 and 26, 2021.

The purpose of this inspection was to complete an inspection for Log# 023109-20 Follow Up for compliance order #001 from Inspection # #2020_533115_0021 related to sufficient staffing.

This inspection was completed concurrently with Complaint inspection #2020_563670_0036 and Critical Incident System inspection #2021_563670_001.

During the course of the inspection, the inspector(s) spoke with the General Manager, two Acting General Managers, the Vice President of Operations, the Corporate Director of Business Operations, two Ward Clerks, one Corporate Staffing Support Representative, the Chief Executive officer for Hotel Dieu Grace Healthcare, one Corporate People Engagement Partner, the Director of People Engagement, one Neighborhood Coordinator, one Corporate Nursing Resources representative, one Assistant Director of Care from a corporate retirement home, three Physicians, one Essential Care Giver, four Registered Nurses, the Director of Nursing Care, the Assistant Director of Nursing, one Food Service Worker, the Environmental Services Supervisor, twenty four Personal Support Workers, eleven Registered Practical Nurses, one basic care aide, two Housekeepers and two Recreation Aides.

During the course of this inspection the Inspectors observed the overall cleanliness and maintenance of the facility, observed staff to residents interactions, observed the provision of care, observed IPAC practices and reviewed relevant internal documentation and required plans.

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

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

**1 WN(s)
0 VPC(s)
1 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 O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).

(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Findings/Faits saillants :

The licensee has failed to ensure that the staffing plan provided for a staffing mix that was consistent with residents' assessed care and safety needs.

The home had received a Compliance Order (CO) on November 16, 2020, CO #001 Inspection #2020_533115_0021 with a compliance due date of November 24, 2020, related to sufficient staffing.

Review of the updated staffing contingency plan, showed the following updates and changes from the previous contingency plan;

Sick calls and team shortages Registered Nurse (RN) Day shifts 0630-1830 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

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-2. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, if the shift is still vacant, Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

Sick calls and team shortages RN night shifts 1830-0630 hour section.

-1. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

Sick calls and team shortages Registered Practical Nurse (RPN) day shift 0600-1400 hour section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages RPN evening shifts 1400-2200 hour section

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online

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village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages RPN night shifts 2200-0600 hour section

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages Personal Support Worker (PSW) day shifts 0600-1400 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority. a) offer no less than four hours to support the neighbourhood. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and offer OT to team members working in the village. a) offer no less than four hours to support the neighbourhood.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages PSW day shifts 1400-2200 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority. a) offer short no less than four hours to support the neighbourhood. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and offer overtime to the team in the village. a) offer short no less than four hours to support the neighbourhood.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages PSW night shifts 2200-0600 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using

the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority.

Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and offer overtime to the team in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages food services team section.

-1. Previous contingency plan stated, after receiving a sick call, the Director of Food Services or designate will attempt to fill the shift by call in team members on the part time listing according to seniority. Current contingency plan stated after receiving a sick call, the Director of Food Services or designate will attempt to fill the shift by using the village online app and post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Food Services or designate will attempt to fill the shift by offering overtime to the full time listing. Current contingency plan stated, if the shift is still vacant, the Director of Food Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages housekeeping days section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the online village app to post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the full time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages laundry section.

-5. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing

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according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the online village app to post the shift for the call in.

-6. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages maintenance section.

-9. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the online village app to post the shift for the call in.

-10. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages recreation days section.

-1. Previous contingency plan stated, after receiving a sick call, the Director of Recreation will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Director of Recreation will attempt to fill the shift by using the online village app to post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Recreation or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Recreation or designate will attempt to fill the shift by offering overtime.

The home provided inspector #740 with the following list of staffing compliments on January 14, 2020 which was reviewed with General Manager (GM) #100 and Acting General Manager (AGM) #131 on January 18, 2020, in the presence of inspector #740. GM#100 and AGM#131 confirmed that the follow documented required staffing is what each unit would require.

Pre-outbreak required staffing per unit.

One Registered Nurse (RN) on all shifts, no specifically assigned units on days and

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evenings and on nights the RN would cover two units as well as any needs requiring an RN throughout the building.

Three Registered Practical Nurses (RPN's) on nights assigned two units each.

Amherstburg Unit

0600-1400 hours, one RPN and four Personal Support Workers (PSW)

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Colchester Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Oldcastle Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Talbot Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Gosfield Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and three PSW's.

2200-0600 hours, two PSW's.

Kingsville Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, one PSW.

Harrow Unit

0600-1400 hours, one RPN and three PSW's.

1400-2200 hours, one RPN and three PSW's.

2200-0600 hours, one PSW.

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Essex Unit

0600-1400 hours, one RPN and three PSW's.
1400-2200 hours, one RPN and three PSW's.
2200-0600 hours, two PSW's.

Required staffing during outbreak.

One RN on all shifts.

Four Registered Practical Nurses (RPN's) on nights assigned two units each.

Amherstburg Unit

0600-1400 hours, one RPN and four Personal Support Workers (PSW)
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Colchester Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Oldcastle Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Talbot Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Gosfield Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and three PSW's.
2200-0600 hours, two PSW's.

Kingsville Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, one PSW.

Harrow Unit

All residents moved to other units January and the list provided to the inspector had the staffing requirements for this unit crossed out.

Essex Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two or three PSW's.

December 21, 2020

Gosfield Unit. Inspector #670 observed two PSW'S and one RPN. PSW #104 confirmed that for the day shift, they had two PSW's and one RPN.

December 22, 2020

Harrow Unit. Inspector #670 conducted an interview with RPN #118 who expressed concerns about staffing levels.

December 29, 2020

Colchester Unit. Inspector #670 observed staff still serving breakfast at 0925 hours with four un-served meals sitting on a cart. Inspector #670 spoke with RPN #112 who confirmed that they had one RPN, two PSW's from agency and one basic care aide who could assist with feeding and no housekeeping for the day shift.

Talbot Unit. Inspector #670 spoke with Recreation Aide #109 who stated that the unit had one agency RPN, two PSW's, one housekeeper and themselves for the day shift.

January 04, 2021

Harrow Unit. Inspector #670 spoke with PSW #128 who stated that they had one RPN, 2 home employed PSW's and two agency PSW's and multiple housekeepers as they are top to bottoming all empty rooms. PSW #128 shared that they had been pulled back and

forth from the Harrow unit to the Essex unit regularly over the last two weeks.

Essex unit. Inspector #670 spoke with RPN #130 who stated that the unit had one RPN, one RPN working as a PSW, 2 regular PSW's and one housekeeper.

Colchester Unit. Inspector #670 spoke with RPN #123 who stated that they had one RPN, two home employed PSW's, one agency PSW and one housekeeper.

Old Castle Unit. Inspector #670 spoke with RPN #125 who stated they had one RPN, two home employed PSW's, two helpers from the hospital and one housekeeper.

Talbot Unit. Inspector #670 spoke with PSW #105 and Recreation Aide #109. Both confirmed that the unit had one RPN, one PSW, one recreation aide and two helpers from the hospital.

January 11, 2021

Observed the Harrow Unit to be empty. AGM #131 confirmed that the residents from this unit had been moved to other units.

Kingsville Unit. Inspector #670 spoke with PSW #133 who confirmed that the unit had one RPN, two PSW's and one basic care aide/attendant for the day shift. PSW #133 confirmed that when referring to the attendant/helper/basic care aide that these employees are not able to do lifts and transfers or provide care but could assist with housekeeping tasks, answer bells and be a runner for the other staff.

Gosfield Unit. Inspector #670 observed one RPN and three PSW's during the tour of this unit.

Amherstburg Unit. Inspector #670 spoke with RPN #134 and PSW #182 who stated that the unit had one RPN, two home employed PSW's and one agency PSW for the day shift.

Colchester Unit. Inspector #670 spoke with PSW #136 who stated that the unit had one RPN, two home employed PSW's and two basic care aides for the day shift.

Oldcastle Unit. Inspector #670 spoke with RPN #137 and PSW #138 who stated that they had one RPN and two PSW's for the day shift.

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Talbot Unit. Inspector #670 spoke with RPN #125 who confirmed that the unit had one RPN, two home employed PSW's, one agency PSW and one basic care aide for the day shift.

On January 12, 2021 at 0914 hours, Inspector #740 observations on Essex neighborhood showed there were two PSWs working the day shift from 0600-1400 hours and one PSW working from 0600-1000 hours. PSW #142 said there were two PSWs for the 0600 -1400-hour day shift when the normal compliment was four PSWs. Therefore, they stayed after their night shift to work from 0600-1000hours and assist with resident care. PSW #143 said, that two neighborhoods were combined, resulting in a neighborhood fully occupied by residents with greater care needs, as the most fragile residents from the one neighborhood were moved to the other neighborhood. They also had concerns that staff were not being co-horted, as they knew staff were working on multiple neighborhoods in various home areas of the long-term care home (LTCH).

January 14, 2021 Inspector #670 spoke with GM #100 and AGM #131. Inspector # 670 requested information related to what criteria the home bases the staffing plan on and specifically what resident care needs are assessed related to ensuring the home had a clear understanding of the resident care needs. GM #100 shared that during the outbreak they were looking at any ill residents and confirmed that during the outbreak resident needs have changed and stated that the home is aware that feeding takes longer, and care aides have been hired.

On January 14, 2021 Ward Clerk (WC) #145 stated to Inspector #740 that they were responsible for scheduling nursing staff only, which was comprised of RN's, RPN's and PSWs and they worked from 0800 to 1730, Monday to Friday. Outside of those hours, the Charge Nurse's (CN) was responsible for handling any sick calls. When asked if they were responsible for scheduling agency staff, they said, no and that the casual WC #179 was responsible for scheduling agency staff. WC #145 said, when the outbreak started in December 2020, they were unable to keep track of staff to ensure that each neighbourhood met the staffing algorithm.

January 19, 2021 Inspector #670 conducted an interview with resident #008. Resident #008 shared that they felt for the most part there were not enough staff available to help those residents that required a lot of assistance, there were times when their call bell was not answered quickly depending on staffing, medications would be administered late if the unit was short or if a nurse not familiar with the unit was working and while the unit was in isolation and meals were consistently late and cold.

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January 19, 2021 Inspector #670 conducted an interview with resident #009. Resident #009 shared that they believe there are not enough staff working in the home, they sometimes wait for a long time for a response if they ring their call bell and while in isolation meals were not on time and the food was cold.

January 21, 2021 Inspector #670 conducted an interview with Employee Engagement Partner (EEP) #155 and GM #100. GM #100 confirmed that basic care aide staffing and scheduling was managed by someone from corporate, agency staff was scheduled by a different person, and regular staff scheduling is being done by the internal scheduler.

January 24, 2021 Inspector #670 conducted a tour of the Essex Unit from 0725 hours to 0735 hours. Spoke with PSW #142 who confirmed that the unit had one RPN, three PSW's and one housekeeper for the day shift.

Inspector #670 conducted a tour of the Kingsville unit from 0745 hours to 0755 hours. Spoke with PSW #133 who confirmed that the unit had one RPN, three PSW's and one housekeeper.

Inspector #670 conducted a tour of the Gosfield Unit from 0755 hours to 0805 hours. Spoke with PSW #104 who stated that they started the shift with only one PSW (themselves) however the second PSW arrived late as they had slept in after working a double and they had pulled one PSW from the Kingsville unit. Current staffing at the time of the tour was one RPN, three PSW's and one housekeeper.

Inspector #670 conducted a tour of the Colchester Unit from 0810 hours through 0825 hours.

Spoke with PSW # 161 who stated that they had one PSW (themselves), one agency RPN and one housekeeper. PSW #161 stated that they had been there since 0600, had made attempts to get additional assistance without success and that any resident that required two persons for care had not received any care that would required two staff as they were the only PSW on the floor. Breakfast was in the servery in the steam table but not served.

Inspector #670 conducted a tour of the Old Castle Unit 0825 hours through 0835 hours. Spoke with Neighborhood Coordinator (NC) #160, who stated they were on the floor to assist feeding and confirmed that the current staffing on the unit was one RPN, two personal support workers and one housekeeper and themselves to assist unless they

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needed to go to another unit. NC #160 stated that there had been three sick calls, two no shows and one staff member sent home at screening and that the night nurse had put them on the app but that no one had accepted any of the shifts. NC #160 stated that they are calling people to see if they would come in early. When Inspector #670 asked if they were aware of the current state of the Colchester unit they replied that they thought someone had been sent to that unit and they left to go to the unit.

Inspector #670 returned to the Colchester Unit at 0845 observed PSW #161, a housekeeper and NC #160 feeding down one of the two halls on the unit. FSW#158 was in the servery and inspector observed seven styrofoam containers of food on the top of the steam table. When asked how long the food was sitting for FSW #158 informed the Inspector that it had been there for five minutes and that usually it didn't take the staff this long to get the meals out but that they were short staffed. Inspector #670 observed the food still sitting on top of the steam cart at 0905 and discussion was had with NC#160 who then instructed FSW#158 to put the food in the refrigerator and it would need to be heated when the staff were ready to serve and feed. At 0950 hours Inspector #670 confirmed with PSW #161 that they had arrived at 0600 hours and had been the only one on the floor that could provide care except for the agency RPN that was giving medications and trying to help feed. PSW #161 acknowledged that any residents that required two staff for specific care needs had not that specific care care during their shift that started at 0600 hours. NC #160 informed the Inspector that they had some agency people coming in at 1000 hours.

Inspector #670 returned to the Colchester Unit at 1101 hours and PSW #161 confirmed that two agency PSW's had arrived at 1015 hours. PSW #161 provided the names of resident #001, #002 and #003 as examples of residents that required two staff for specific care needs that had not received the required care that morning.

Review of Resident #001's clinical record showed the resident was located on the Colchester Unit January 24, 2021 and required two staff for specific care needs.

Review of Resident #002's clinical record showed the resident was located on the Colchester Unit January 24, 2021, and required two staff for specific care needs.

Review of Resident #003's clinical record showed the resident was located on the Colchester Unit January 24, 2021, had variable needs related to the amount of staff required to perform specific care, at times requiring two staff.

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Attempts were made January 18, 19, 20, 21 and 24, 2021 to obtain a staff schedule or roster that included the hours a staff member worked, what unit the staff member worked on, the designation or qualifications of the staff member, what role the staff member had worked in and if the staff member was an employee of the home or an employee of an outside agency or community partner.

January 24, 2021 an interview was conducted by Inspector #670 with GM #100. GM #100 acknowledged that the home had been unable to provide the Inspectors with an accurate schedule or roster with the requested information.

GM #100 stated that things got out of control so quickly that there was no actual review of the residents needs related to if the resident's needs had changed but that they were just trying to throw everything they could at the care to try and get the basic care done.

GM #100 acknowledged that multiple people came from corporate office to support the home during the outbreak and stated they were unsure of exactly what everyone was doing as multiple people from corporate came to the facility and everyone had specific things they were managing. Stated that late in the first week and into the second week of the outbreak staffing became extremely difficult and agency staff were brought in to assist.

Reviewed co-horting of staff and residents and GM #100 stated that they tried to cohort staff to at least the same towers (four floors per tower and two towers in the home) however that was rarely possible due to the extreme staffing issues.

Discussed the staffing plan submitted related to the previous order. GM #100 acknowledged that the use of agency staff had been removed and that there was an increased utilization of the ADNC in the plan. GM#100 stated that staffing had been an ongoing challenge in the home in all departments but registered staff and PSW staff were the most difficult.

On January 24, 2021, observations conducted by Inspector #740 on Kingsville neighborhood showed, two PSWs and one basic care aid working the evening shift from 1400-2200hours.

On January 24, 2021, first observation conducted by Inspector #740 on Gosfield neighborhood showed one PSW working the evening shift from 1400-2200hours, and one PSW working from 1400-1800 hours as they stayed after their day shift from 0600-

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1400hours to assist. PSW #169 said they were the only PSW working from 1400hours to 2200hours on Gosfield neighborhood. They said the day shift PSW #170, working 0600-1400 hours had agreed to stay for an additional four hours until 1800hours to assist PSW #169. However, PSW #169 did not know who would be assisting them at 1800hours when PSW #170 had completed their 12hour shift. When asked if they had spoken to management about the insufficient staffing, PSW #169 said they had spoken with RN #171. RN #171 had told them they would try and help, but there had been several other staffing complaints from multiple other neighborhoods in the home. PSW #170 said they worked the day shift from 0600 until 1400 hours and agreed to stay and work until 1800hours to assist PSW #169.

On January 24, 2021, RN #171 stated to inspector #740 that they were aware there was one personal support worker (PSW) working on Gosfield neighborhood for the evening shift from 1400hours to 2200hours and that other neighborhoods in the home were also experiencing short staffing levels. When asked what the home's staffing contingency plan was, RN #171 said, they would redeploy staff from other neighborhoods of the home to the neighborhood with the most staffing needs and speak with the ward clerk. When asked when they had spoken to ward clerk (WC) #179 last and if there was a plan to help PSW #169 on Gosfield neighborhood, they said they had spoken with WC #179 around 1400hours and had not heard back from WC #179 yet. When asked what time it was now and how long Charge Nurse #171 would wait to find out, they said it was 1530hours and they didn't know how long they would wait, that it was a very busy night. When asked if they knew Gosfield neighborhood was currently not meeting the home's staffing plan, RN #171 said they were aware. When asked if there were not enough staff within the home to redeploy, what the process was and if RN #171 would notify a member of the management team to assist in the procurement of staff, RN #171 said they could call the on-call manager; however, they had not done that day.

On January 24, 2021 WC #179 stated to Inspector #740 that they were aware of the staffing issues on Gosfield neighborhood and that there should be agency PSW #166 and #178 from Colchester neighborhood, personal care aid #176 redeployed to assist and another agency PSW starting their shift at 1800hours.

On January 24, 2021 second observation completed by Inspector #740 of the Gosfield neighborhood showed two village PSWs, two agency PSWs and one personal care aid.

There is a actual risk for resident care needs not being met related to the following;
- no assessment of the resident care needs as a basis for developing a staffing plan,

- an insufficient staffing compliment,
- an ineffective procedure for covering open shifts and call ins.

Sources: Interview with multiple staff and residents, Staffing plan, Pre and Post outbreak staffing requirement lists, Resident #001, #002, #003 clinical records, internal scheduling and payroll documentation and emails.

Additional Required Actions:

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

Issued on this 22nd day of February, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : DEBRA CHURCHER (670), KRISTEN MURRAY (731),
SAMANTHA PERRY (740)

Inspection No. /

No de l'inspection : 2021_563670_0002

Log No. /

No de registre : 023109-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Feb 12, 2021

Licensee /

Titulaire de permis : Schlegel Villages Inc.
325 Max Becker Drive, Suite. 201, Kitchener, ON,
N2E-4H5

LTC Home /

Foyer de SLD : The Village at St. Clair
1800 Talbot Road, Windsor, ON, N9H-0E3

Name of Administrator /

**Nom de l'administratrice
ou de l'administrateur :** Tammy Roberts

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Ordre(s) de l'inspecteur

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foyers de soins de longue durée*, L.O.
2007, chap. 8

To Schlegel Villages Inc., you are hereby required to comply with the following order
(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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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 /** 2020_533115_0021, CO #001;
Lien vers ordre existant:**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (3) The staffing plan must,

(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;

(b) set out the organization and scheduling of staff shifts;

(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;

(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and

(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

O. Reg. 79/10, s. 31 (3).

Order / Ordre :

The licensee must comply with r. 31. (3) of O.Reg. 79/10.

Specifically, the licensee must:

A) Complete an analysis of the resident's care and safety needs.

B) Develop a revised staffing plan that takes into consideration the resident care and safety needs, the staff qualifications and skills, ensures coverage for other programs if nursing management is being utilized as floor staffing and addresses situations when staff cannot attend the home.

C) Ensure that the implementation of the staffing plan;

-promotes continuity of care by minimizing the number of different staff members who provide care, and supports easy access by Charge Nurse and the nursing management team to accurate information about staff qualifications, functions, working hours and expected staffing gaps, if any.

Grounds / Motifs :

1. The licensee has failed to ensure that the staffing plan provided for a staffing

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mix that was consistent with residents' assessed care and safety needs.

The home had received a Compliance Order (CO) on November 16, 2020, CO #001 Inspection #2020_533115_0021 with a compliance due date of November 24, 2020, related to sufficient staffing.

Review of the updated staffing contingency plan, showed the following updates and changes from the previous contingency plan;

Sick calls and team shortages Registered Nurse (RN) Day shifts 0630-1830 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, if the shift is still vacant, Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

Sick calls and team shortages RN night shifts 1830-0630 hour section.

-1. Previous contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

Sick calls and team shortages Registered Practical Nurse (RPN) day shift 0600-1400 hour section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members

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on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages RPN evening shifts 1400-2200 hour section

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages RPN night shifts 2200-0600 hour section

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling

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Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime and attempt to offer OT to team members working in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages Personal Support Worker (PSW) day shifts 0600-1400 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority. a) offer no less than four hours to support the neighbourhood. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and offer OT to team members working in the village. a) offer no less than four hours to support the neighbourhood.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

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a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages PSW day shifts 1400-2200 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority. a) offer short no less than four hours to support the neighbourhood. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and offer overtime to the team in the village. a) offer short no less than four hours to support the neighbourhood.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages PSW night shifts 2200-0600 hours section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by calling team members on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator/Charge Nurse will attempt to fill the shift by using the online village app to post a shift for the call in.

-3. Previous contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from the on-call manager and attempt to fill the shift by offering overtime to the full time listing according to seniority. Current contingency plan stated, if the shift is still vacant, the Scheduling Coordinator/Charge Nurse will seek approval for overtime from

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the on-call manager and offer overtime to the team in the village.

-5. Previous contingency plan stated, as a last resort, the Scheduling Coordinator/Charge Nurse will call agency to be assigned to the neighbourhood.

a) Home Instead

b) Amy's Helping Hands

Current contingency had #5 removed from this section.

Sick calls and team shortages food services team section.

-1. Previous contingency plan stated, after receiving a sick call, the Director of Food Services or designate will attempt to fill the shift by call in team members on the part time listing according to seniority. Current contingency plan stated after receiving a sick call, the Director of Food Services or designate will attempt to fill the shift by using the village online app and post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Food Services or designate will attempt to fill the shift by offering overtime to the fill time listing. Current contingency plan stated, if the shift is still vacant, the Director of Food Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages housekeeping days section.

-1. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the online village app to post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the fill time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages laundry section.

-5. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the

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online village app to post the shift for the call in.

-6. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages maintenance section.

-9. Previous contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Scheduling Coordinator will attempt to fill the shift by using the online village app to post the shift for the call in.

-10. Previous contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Environmental Services or designate will attempt to fill the shift by offering overtime.

Sick calls and team shortages recreation days section.

-1. Previous contingency plan stated, after receiving a sick call, the Director of Recreation will attempt to fill the shift by calling team member on the part time listing according to seniority. Current contingency plan stated, after receiving a sick call, the Director of Recreation will attempt to fill the shift by using the online village app to post the shift for the call in.

-2. Previous contingency plan stated, if the shift is still vacant, the Director of Recreation or designate will attempt to fill the shift by offering overtime to the full-time listing. Current contingency plan stated, if the shift is still vacant, the Director of Recreation or designate will attempt to fill the shift by offering overtime.

The home provided inspector #740 with the following list of staffing compliments on January 14, 2020 which was reviewed with General Manager (GM) #100 and Acting General Manager (AGM) #131 on January 18, 2020, in the presence of inspector #740. GM#100 and AGM#131 confirmed that the follow documented required staffing is what each unit would require.

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Pre-outbreak required staffing per unit.

One Registered Nurse (RN) on all shifts, no specifically assigned units on days and evenings and on nights the RN would cover two units as well as any needs requiring an RN throughout the building.

Three Registered Practical Nurses (RPN's) on nights assigned two units each.

Amherstburg Unit

0600-1400 hours, one RPN and four Personal Support Workers (PSW)

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Colchester Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Oldcastle Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Talbot Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two PSW's.

Gosfield Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and three PSW's.

2200-0600 hours, two PSW's.

Kingsville Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, one PSW.

Harrow Unit

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0600-1400 hours, one RPN and three PSW's.
1400-2200 hours, one RPN and three PSW's.
2200-0600 hours, one PSW.

Essex Unit

0600-1400 hours, one RPN and three PSW's.
1400-2200 hours, one RPN and three PSW's.
2200-0600 hours, two PSW's.

Required staffing during outbreak.

One RN on all shifts.

Four Registered Practical Nurses (RPN's) on nights assigned two units each.

Amherstburg Unit

0600-1400 hours, one RPN and four Personal Support Workers (PSW)
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Colchester Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Oldcastle Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Talbot Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and four PSW's.
2200-0600 hours, two PSW's.

Gosfield Unit

0600-1400 hours, one RPN and four PSW's.
1400-2200 hours, one RPN and three PSW's.
2200-0600 hours, two PSW's.

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Kingsville Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, one PSW.

Harrow Unit

All residents moved to other units January and the list provided to the inspector had the staffing requirements for this unit crossed out.

Essex Unit

0600-1400 hours, one RPN and four PSW's.

1400-2200 hours, one RPN and four PSW's.

2200-0600 hours, two or three PSW's.

December 21, 2020

Gosfield Unit. Inspector #670 observed two PSW'S and one RPN. PSW #104 confirmed that for the day shift, they had two PSW's and one RPN.

December 22, 2020

Harrow Unit. Inspector #670 conducted an interview with RPN #118 who expressed concerns about staffing levels.

December 29, 2020

Colchester Unit. Inspector #670 observed staff still serving breakfast at 0925 hours with four un-served meals sitting on a cart. Inspector #670 spoke with RPN #112 who confirmed that they had one RPN, two PSW's from agency and one basic care aide who could assist with feeding and no housekeeping for the day shift.

Talbot Unit. Inspector #670 spoke with Recreation Aide #109 who stated that

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the unit had one agency RPN, two PSW's, one housekeeper and themselves for the day shift.

January 04, 2021

Harrow Unit. Inspector #670 spoke with PSW #128 who stated that they had one RPN, 2 home employed PSW's and two agency PSW's and multiple housekeepers as they are top to bottoming all empty rooms. PSW #128 shared that they had been pulled back and forth from the Harrow unit to the Essex unit regularly over the last two weeks.

Essex unit. Inspector #670 spoke with RPN #130 who stated that the unit had one RPN, one RPN working as a PSW, 2 regular PSW's and one housekeeper.

Colchester Unit. Inspector #670 spoke with RPN #123 who stated that they had one RPN, two home employed PSW's, one agency PSW and one housekeeper.

Old Castle Unit. Inspector #670 spoke with RPN #125 who stated they had one RPN, two home employed PSW's, two helpers from the hospital and one housekeeper.

Talbot Unit. Inspector #670 spoke with PSW #105 and Recreation Aide #109. Both confirmed that the unit had one RPN, one PSW, one recreation aide and two helpers from the hospital.

January 11, 2021

Observed the Harrow Unit to be empty. AGM #131 confirmed that the residents from this unit had been moved to other units.

Kingsville Unit. Inspector #670 spoke with PSW #133 who confirmed that the unit had one RPN, two PSW's and one basic care aide/attendant for the day shift. PSW #133 confirmed that when referring to the attendant/helper/basic care aide that these employees are not able to do lifts and transfers or provide care but could assist with housekeeping tasks, answer bells and be a runner for the other staff.

Gosfield Unit. Inspector #670 observed one RPN and three PSW's during the

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tour of this unit.

Amherstburg Unit. Inspector #670 spoke with RPN #134 and PSW #182 who stated that the unit had one RPN, two home employed PSW's and one agency PSW for the day shift.

Colchester Unit. Inspector #670 spoke with PSW #136 who stated that the unit had one RPN, two home employed PSW's and two basic care aides for the day shift.

Oldcastle Unit. Inspector #670 spoke with RPN #137 and PSW #138 who stated that they had one RPN and two PSW's for the day shift.

Talbot Unit. Inspector #670 spoke with RPN #125 who confirmed that the unit had one RPN, two home employed PSW's, one agency PSW and one basic care aide for the day shift.

On January 12, 2021 at 0914 hours, Inspector #740 observations on Essex neighborhood showed there were two PSWs working the day shift from 0600-1400 hours and one PSW working from 0600-1000 hours. PSW #142 said there were two PSWs for the 0600 -1400-hour day shift when the normal compliment was four PSWs. Therefore, they stayed after their night shift to work from 0600-1000hours and assist with resident care. PSW #143 said, that two neighborhoods were combined, resulting in a neighborhood fully occupied by residents with greater care needs, as the most fragile residents from the one neighborhood were moved to the other neighborhood. They also had concerns that staff were not being co-horted, as they knew staff were working on multiple neighborhoods in various home areas of the long-term care home (LTCH).

January 14, 2021 Inspector #670 spoke with GM #100 and AGM #131. Inspector # 670 requested information related to what criteria the home bases the staffing plan on and specifically what resident care needs are assessed related to ensuring the home had a clear understanding of the resident care needs. GM #100 shared that during the outbreak they were looking at any ill residents and confirmed that during the outbreak resident needs have changed and stated that the home is aware that feeding takes longer, and care aides have been hired.

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On January 14, 2021 Ward Clerk (WC) #145 stated to Inspector #740 that they were responsible for scheduling nursing staff only, which was comprised of RN's, RPN's and PSWs and they worked from 0800 to 1730, Monday to Friday. Outside of those hours, the Charge Nurse's (CN) was responsible for handling any sick calls. When asked if they were responsible for scheduling agency staff, they said, no and that the casual WC #179 was responsible for scheduling agency staff. WC #145 said, when the outbreak started in December 2020, they were unable to keep track of staff to ensure that each neighbourhood met the staffing algorithm.

January 19, 2021 Inspector #670 conducted an interview with resident #008. Resident #008 shared that they felt for the most part there were not enough staff available to help those residents that required a lot of assistance, there were times when their call bell was not answered quickly depending on staffing, medications would be administered late if the unit was short or if a nurse not familiar with the unit was working and while the unit was in isolation and meals were consistently late and cold.

January 19, 2021 Inspector #670 conducted an interview with resident #009. Resident #009 shared that they believe there are not enough staff working in the home, they sometimes wait for a long time for a response if they ring their call bell and while in isolation meals were not on time and the food was cold.

January 21, 2021 Inspector #670 conducted an interview with Employee Engagement Partner (EEP) #155 and GM #100. GM #100 confirmed that basic care aide staffing and scheduling was managed by someone from corporate, agency staff was scheduled by a different person, and regular staff scheduling is being done by the internal scheduler.

January 24, 2021 Inspector #670 conducted a tour of the Essex Unit from 0725 hours to 0735 hours. Spoke with PSW #142 who confirmed that the unit had one RPN, three PSW's and one housekeeper for the day shift.

Inspector #670 conducted a tour of the Kingsville unit from 0745 hours to 0755 hours. Spoke with PSW #133 who confirmed that the unit had one RPN, three PSW's and one housekeeper.

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Inspector #670 conducted a tour of the Gosfield Unit from 0755 hours to 0805 hours.

Spoke with PSW #104 who stated that they started the shift with only one PSW (themselves) however the second PSW arrived late as they had slept in after working a double and they had pulled one PSW from the Kingsville unit. Current staffing at the time of the tour was one RPN, three PSW's and one housekeeper.

Inspector #670 conducted a tour of the Colchester Unit from 0810 hours through 0825 hours.

Spoke with PSW # 161 who stated that they had one PSW (themselves), one agency RPN and one housekeeper. PSW #161 stated that they had been there since 0600, had made attempts to get additional assistance without success and that any resident that required two persons for care had not received any care that would required two staff as they were the only PSW on the floor. Breakfast was in the servery in the steam table but not served.

Inspector #670 conducted a tour of the Old Castle Unit 0825 hours through 0835 hours. Spoke with Neighborhood Coordinator (NC) #160, who stated they were on the floor to assist feeding and confirmed that the current staffing on the unit was one RPN, two personal support workers and one housekeeper and themselves to assist unless they needed to go to another unit. NC #160 stated that there had been three sick calls, two no shows and one staff member sent home at screening and that the night nurse had put them on the app but that no one had accepted any of the shifts. NC #160 stated that they are calling people to see if they would come in early. When Inspector #670 asked if they were aware of the current state of the Colchester unit they replied that they thought someone had been sent to that unit and they left to go to the unit.

Inspector #670 returned to the Colchester Unit at 0845 observed PSW #161, a housekeeper and NC #160 feeding down one of the two halls on the unit. FSW#158 was in the servery and inspector observed seven styrofoam containers of food on the top of the steam table. When asked how long the food was sitting for FSW #158 informed the Inspector that it had been there for five minutes and that usually it didn't take the staff this long to get the meals out but that they were short staffed. Inspector #670 observed the food still sitting on top

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of the steam cart at 0905 and discussion was had with NC#160 who then instructed FSW#158 to put the food in the refrigerator and it would need to be heated when the staff were ready to serve and feed. At 0950 hours Inspector #670 confirmed with PSW #161 that they had arrived at 0600 hours and had been the only one on the floor that could provide care except for the agency RPN that was giving medications and trying to help feed. PSW #161 acknowledged that any residents that required two staff for specific care needs had not that specific care care during their shift that started at 0600 hours. NC #160 informed the Inspector that they had some agency people coming in at 1000 hours.

Inspector #670 returned to the Colchester Unit at 1101 hours and PSW #161 confirmed that two agency PSW's had arrived at 1015 hours. PSW #161 provided the names of resident #001, #002 and #003 as examples of residents that required two staff for specific care needs that had not received the required care that morning.

Review of Resident #001's clinical record showed the resident was located on the Colchester Unit January 24, 2021 and required two staff for specific care needs.

Review of Resident #002's clinical record showed the resident was located on the Colchester Unit January 24, 2021, and required two staff for specific care needs.

Review of Resident #003's clinical record showed the resident was located on the Colchester Unit January 24, 2021, had variable needs related to the amount of staff required to perform specific care, at times requiring two staff.

Attempts were made January 18, 19, 20, 21 and 24, 2021 to obtain a staff schedule or roster that included the hours a staff member worked, what unit the staff member worked on, the designation or qualifications of the staff member, what role the staff member had worked in and if the staff member was an employee of the home or an employee of an outside agency or community partner.

January 24, 2021 an interview was conducted by Inspector #670 with GM #100.

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GM #100 acknowledged that the home had been unable to provide the Inspectors with an accurate schedule or roster with the requested information.

GM #100 stated that things got out of control so quickly that there was no actual review of the residents needs related to if the resident's needs had changed but that they were just trying to throw everything they could at the care to try and get the basic care done.

GM #100 acknowledged that multiple people came from corporate office to support the home during the outbreak and stated they were unsure of exactly what everyone was doing as multiple people from corporate came to the facility and everyone had specific things they were managing. Stated that late in the first week and into the second week of the outbreak staffing became extremely difficult and agency staff were brought in to assist.

Reviewed co-horting of staff and residents and GM #100 stated that they tried to cohort staff to at least the same towers (four floors per tower and two towers in the home) however that was rarely possible due to the extreme staffing issues.

Discussed the staffing plan submitted related to the previous order. GM #100 acknowledged that the use of agency staff had been removed and that there was an increased utilization of the ADNC in the plan. GM#100 stated that staffing had been an ongoing challenge in the home in all departments but registered staff and PSW staff were the most difficult.

On January 24, 2021, observations conducted by Inspector #740 on Kingsville neighborhood showed, two PSWs and one basic care aid working the evening shift from 1400-2200hours.

On January 24, 2021, first observation conducted by Inspector #740 on Gosfield neighborhood showed one PSW working the evening shift from 1400-2200hours, and one PSW working from 1400-1800 hours as they stayed after their day shift from 0600-1400hours to assist. PSW #169 said they were the only PSW working from 1400hours to 2200hours on Gosfield neighborhood. They said the day shift PSW #170, working 0600-1400 hours had agreed to stay for an additional four hours until 1800hours to assist PSW #169. However, PSW #169 did not know who would be assisting them at 1800hours when PSW #170

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had completed their 12hour shift. When asked if they had spoken to management about the insufficient staffing, PSW #169 said they had spoken with RN #171. RN #171 had told them they would try and help, but there had been several other staffing complaints from multiple other neighborhoods in the home. PSW #170 said they worked the day shift from 0600 until 1400 hours and agreed to stay and work until 1800hours to assist PSW #169.

On January 24, 2021, RN #171 stated to inspector #740 that they were aware there was one personal support worker (PSW) working on Gosfield neighborhood for the evening shift from 1400hours to 2200hours and that other neighborhoods in the home were also experiencing short staffing levels. When asked what the home's staffing contingency plan was, RN #171 said, they would redeploy staff from other neighborhoods of the home to the neighborhood with the most staffing needs and speak with the ward clerk. When asked when they had spoken to ward clerk (WC) #179 last and if there was a plan to help PSW #169 on Gosfield neighborhood, they said they had spoken with WC #179 around 1400hours and had not heard back from WC #179 yet. When asked what time it was now and how long Charge Nurse #171 would wait to find out, they said it was 1530hours and they didn't know how long they would wait, that it was a very busy night. When asked if they knew Gosfield neighborhood was currently not meeting the home's staffing plan, RN #171 said they were aware. When asked if there were not enough staff within the home to redeploy, what the process was and if RN #171 would notify a member of the management team to assist in the procurement of staff, RN #171 said they could call the on-call manager; however, they had not done that day.

On January 24, 2021 WC #179 stated to Inspector #740 that they were aware of the staffing issues on Gosfield neighborhood and that there should be agency PSW #166 and #178 from Colchester neighborhood, personal care aid #176 redeployed to assist and another agency PSW starting their shift at 1800hours.

On January 24, 2021 second observation completed by Inspector #740 of the Gosfield neighborhood showed two village PSWs, two agency PSWs and one personal care aid.

There is a actual risk for resident care needs not being met related to the following;

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- no assessment of the resident care needs as a basis for developing a staffing plan,
- an insufficient staffing compliment,
- an ineffective procedure for covering open shifts and call ins.

Sources: Interview with multiple staff and residents, Staffing plan, Pre and Post outbreak staffing requirement lists, Resident #001, #002, #003 clinical records, internal scheduling and payroll documentation and emails.

An order was made taking the following into account;

Severity: The home failed to assess the resident's care and safety needs and ensure that the staffing plan provided for a staffing mix that was consistent with resident's care and safety needs which led to residents not receiving required care.

Scope: This issue was widespread as the Inspectors found that the home was not meeting their basic staffing compliment with observations conducted between December 21, 2020 and January 24, 2021.

Compliance History: 37 Written Notifications, 30 Voluntary Plans of Correction and four Compliance Orders of which three have been complied were issued to the home related to different sub-sections of the legislation in the last 36 months. One Compliance order that remains outstanding had been issued to the home related to the same subsections in the last 36 months.

(670)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Feb 26, 2021

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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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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:

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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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

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2007, chap. 8

**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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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foyers de soins de longue durée*, L.O.
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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 révision
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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 12th day of February, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Debra Churcher

Service Area Office /

Bureau régional de services : London Service Area Office