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

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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
Jul 8, 2020	2020_736689_0009	004165-20	Follow up

Licensee/Titulaire de permis

ATK Care Inc.
1386 Indian Grove MISSISSAUGA ON L5H 2S6

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

Exeter Villa
155 John Street East EXETER ON N0M 1S1

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

CASSANDRA ALEKSIC (689)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): June 8, 2020 as an on-site inspection and June 9, 10, 11, 12, 15, 16, 17 & 18, 2020 as an off-site inspection.

This follow up inspection was completed related to:

Log #004165-20, regarding Compliance Order #001 issued in inspection #2020_736689_0001 related to accounts and records.

During the course of the inspection, the inspector(s) spoke with The Director of Care, the Administrator, the Chief Operating Officer, registered staff, and an administration staff.

The following Inspection Protocols were used during this inspection:
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **0 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. 92.	CO #001	2020_736689_0001	689

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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents related to limiting employee work locations in accordance with the required Infection Prevention and Control (IPAC) Covid-19 protocols.

In accordance with COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 issued on April 15, 2020, the licensee was required to ensure that long-term care home employers must comply with Ontario Regulation (O. Reg.)146/20 made pursuant to the Emergency Management and Civil Protection Act.

O. Reg. 146/20: Order under subsection 7.0.2 (4) of the Act – Limiting Work to a Single Long-Term Care Home filed April 14, 2020 under the Emergency Management and Civil Protection Act R.S.O. 1990, c. E.9 states the following:
“Limit on work locations
4. Beginning at 12:01 a.m. on Wednesday, April 22, 2020, an employee of a long-term care provider who performs work in a long-term care home operated or maintained by the long-term care provider shall not also perform work,
(a) in another long-term care home operated or maintained by the long-term care provider;
(b) as an employee of any other health service provider; or
(c) as an employee of a retirement home.”

Communication to all Long-Term Care homes was provided by the Ontario government on April 15, 2020, and stated that in order to better protect the most vulnerable and to stop the spread of Covid-19 in long-term care homes, an action plan was developed with key measures. In addition, the communication stated that the province had issued a new emergency order restricting long-term care staff from working in more than one long-term care home, retirement home or health care setting to prevent further outbreaks and deaths from Covid-19 in long-term care homes. The action plan titled “Covid-19 Action Plan for Protecting Long-Term Care Homes” stated goals which included:
-reduce the number of outbreaks in LTCHs; and
-contain outbreaks in LTCHs, so they do not affect as many residents.
The actions related to these goals included: “New emergency order to limit work sites for long-term care employees” which directed long-term care employers to ensure their employees only work in one-long-term care home and not multiple locations such as a retirement home or other health care setting.

Prior to the emergency order there was an outbreak declared in a long-term care home that included long-term care employees working in both the long-term care home and the attached retirement home. This contributed to the spread and significantly impacted the

residents and staff of the home. The order is in place for the safety of residents and to stop the spread of COVID-19 in long-term care homes. As of June 25, 2020, there were a total of 57 active outbreaks and 258 resolved outbreaks.

The home was declared in outbreak, with a confirmed staff case on May 11, 2020. The home's outbreak was resolved on May 21, 2020.

During follow up inspection #2020_736689_0009, Inspector #689 reviewed the homes staffing schedules titled "Exeter Villa – Staff Time Schedules" for the period of May 29, 2020 to June 11, 2020. The staff schedules showed registered staff scheduled to work at two locations; Exeter Villa nursing home and Exeter Villa retirement home.

During an interview, Registered Nurse (RN) #104 stated that they were scheduled on the nursing home side of Exeter Villa, but if short staffed they would cover shifts on the retirement side. The RN said that they have been assisting as a registered staff member in the retirement home for the past few weeks.

Review of "Employee Total Hours Report- EV" showed employees of the long-term care home who had worked shifts on both the nursing home and retirement home sides of the facility:
-date range from May 1, 2020 to May 14, 2020 showed 16 out of 77 (21 per cent) of staff members
-date range from May 15, 2020 to May 28, 2020 showed 19 out of 73 (26 per cent) of staff members

During an interview, Director of Care (DOC) #100 and Administrator #103 confirmed that ATK Care Inc. was the licensee for Exeter Villa nursing home and retirement home. The DOC and Inspector reviewed the staff schedules and acknowledged that employees of the long-term care home were scheduled and working shifts for both the nursing home and retirement home areas.

The licensee has failed to ensure that the home was safe and secure by failing to limit the work locations of the long-term care employees. [s. 5.]

Issued on this 8th day of July, 2020

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

Original report signed by the inspector.