

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 5, 2021	2021_822613_0024	015282-21	Complaint

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**Licensee/Titulaire de permis**

The Ontario-Finnish Resthome Association  
725 North Street Sault Ste. Marie ON P6B 5Z3

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

Mauno Kaihla Koti  
723 North Street Sault Ste. Marie ON P6B 6G8

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

LISA MOORE (613)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 25-28, 2021.**

**The following intake was inspected upon during this Inspection:**

**One intake related to concerns regarding the home's screening process.**

**A Follow Up Inspection #2021\_822613\_0023 and a Critical Incident System Inspection #2021\_822613\_0025 were conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director of Care (EDOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Unit Clerk, Screener and residents.**

**The Inspector(s) also conducted daily tours of resident care areas, observed the provision of care and services to residents, staff to resident interactions, infection prevention and control (IPAC) practices, reviewed health care records, and various licensee's policies, procedures and programs.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Safe and Secure Home**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 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.

Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007,

outlined that homes must ensure that all individuals were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home, including outdoor visits. Staff and visitors must be actively screened once per day at the beginning of their shift or visit.

COVID-19 Guidance Document for Long-Term Care Home's in Ontario, effective date August 20, 2021, identified anyone who enters the home, with the exception of emergency first responders, were to be actively screened by a screener for signs and symptoms of COVID-19 as they entered the building. The screening process must be compliant with Directive #3.

A visitor entered the home without being screened on two occasions. There was no screening person working on site, and the visitor inputted their own information onto the paper screening forms. No one reviewed the information to actively determine whether the visitor could enter the home.

Inspector #613 entered the home after completing the website screening questions on the home's Ipad. No one was present at the entrance to conduct screening, review the information or ensure the screening questions had been completed.

Inspector observed visitors complete website screening questions on an Ipad or on a paper copy. A Screener was not always readily available at the main entrance and the door was kept unlocked. Staff completed their own screening using the same process as the visitors; however, they entered the home through a different door. A Screener was not present at the staff entrance.

The Screener's schedule identified inconsistency with Screener coverage.

The Executive Director of Care (EDOC) identified that when the screener was not present it was the responsibility of the Registered Nurse (RNs) or the Administrative staff to ensure that anyone entering the home was screened.

Several RNs acknowledged that without someone at the entrance, visitors could enter the home and not be screened, as staff was not always available to ensure screening was completed by the visitors.

The home's failure to not have an available Screener actively screening visitors and staff put the residents at risk of transmission of infections. The home also failed to comply

with Directive #3 and ensure that the home was a safe and secure environment for its residents.

Sources: Complainant Information Report; Observations of the screening process; Screener schedules; Memorandums and emails; COVID-19 Active Screening & Testing Requirements policy and COVID-19 Screening Application policy; and interviews with EDOC/IPAC Lead and RNs. [s. 5.]

***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 is a safe and secure environment for its residents, specifically that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including outdoor visits, at the beginning of their shift or visit, to be implemented voluntarily.***

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Issued on this 5th day of November, 2021

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

**Original report signed by the inspector.**