

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775  
londondistrict.mltc@ontario.ca

<b>Original Public Report</b>	
<b>Report Issue Date:</b> January 17, 2023	
<b>Inspection Number:</b> 2023-1504-0002	
<b>Inspection Type:</b> Complaint and Follow up	
<b>Licensee:</b> Ritz Lutheran Villa	
<b>Long Term Care Home and City:</b> Ritz Lutheran Villa, Mitchell	
<b>Lead Inspector</b> Rhonda Kukoly (213)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Peter Hannaberg (721821)	

<b>INSPECTION SUMMARY</b>
<p>The Inspection occurred on the following date(s): January 9, 10, 11, 12, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake #00008095, a complaint related to alleged retaliation.</li> <li>• Intake #00013323, a follow up to Compliance Order #002 from inspection #2022_1504_0001 related to FLTCA, 2021 s. 5, with a compliance due date of November 9, 2022.</li> <li>• Intake #00013324, a follow up to Compliance Order #002 from inspection #2022_1504_0001 related to LTCHA, 2007 s. 6 (7), with a compliance due date of November 9, 2022.</li> </ul>

### **Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2022-1504-0001 related to FLTCA, 2021, s. 5, inspected by Rhonda Kukoly (213)

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The following previously issued Compliance Order(s) were closed:

Order #001 from Inspection #2022-1504-0001, related to LTCHA, 2007, c.8, s. 6 (7), inspected by Rhonda Kukoly (213)

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

- Medication Management
- Restraints/Personal Assistance Services Devices (PASD) Management
- Infection Prevention and Control
- Whistle-blowing Protection and Retaliation

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection prevention and control program

**NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with O. Reg. 246/22, s. 102 (15) 2.

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Lead worked regularly in that position on site at the home for 26.25 hours per week as required.

#### Rationale and Summary

The IPAC Lead's schedule showed they were working 37.5 hours each week. The IPAC Lead stated that they worked one shift per week in the role of IPAC Lead at Ritz Lutheran Villa, which amounts to seven and a half hours. They stated they also work three shifts per week in the role of Director of Care at Mitchell Nursing Home, and one shift per week in the role of IPAC Lead at Mitchell Nursing Home.

There was a risk to residents that elements of the IPAC program were not being monitored or implemented properly due to the IPAC Lead not working their required hours.

**Sources:** Interview with IPAC Lead and the IPAC Lead schedule. [721821]

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## WRITTEN NOTIFICATION: Infection prevention and control program

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with O. Reg. 246/22, s. 102 (2) (b).

The licensee has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) Program, in accordance with the IPAC Standard for Long-Term Care Homes and with the home's Hand Hygiene Program policy, related to staff encouraging and supporting resident hand hygiene before meals.

### Rationale and Summary

Section 10.2 of the IPAC Standard for Long-Term Care Homes, April 2022, issued by the Director, requires that the hand hygiene program include hand hygiene and hand care support for residents.

Inspector #721821 observed lunch meals on three days. No residents were encouraged or supported in performing hand hygiene prior to being served their meal. Two staff members, who were present during the meals, indicated that the residents were not encouraged or supported to perform hand hygiene. Inspector #213 observed a resident touch multiple objects in the lobby of the home before being directed to the dining room for breakfast by a staff member. The resident had also touched a staff member's surgical mask while they were assisting the resident to eat. At no point was the resident offered or encouraged to perform hand hygiene before the meal.

The home's Hand Hygiene Program policy (#ICP-600-08, last revised November 2022), indicated that PSWs are to wash residents' hands before and after eating to prevent the spread of infection, in the interest of resident safety. There was risk to residents' safety when they were not encouraged or supported to perform hand hygiene before their meals.

**Sources:** Observations of residents and meals, the home's Hand Hygiene Program policy, and staff interviews. [721821]

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## WRITTEN NOTIFICATION: Licensee must comply

### NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 104 (4).

The licensee has failed to comply with the conditions of Compliance Order #002, from inspection #2022-1504-0001, issued September 29, 2022, with a compliance due date of November 9, 2022.

The re-training and documentation of training related to minimizing of restraints and confinement, for all registered staff and Personal Support Worker staff working on first floor was not completed.

### Rationale and Summary

On December 19, 2022, the home sent an email to all staff, with a poster indicating the home was a restraint free facility and residents were not to be confined to their rooms. The home's compliance plan indicated "covid specific training for dementia initiated with Behavioural Supports Ontario November 22, 24, 26, 2022", there was a hand-written note beside that stating, "postponed to January due to covid illness".

The Director of Care (DOC) said that they meant to send out the email with the poster indicating restraint free facility before the compliance due date, but it got missed and was sent out December 19, 2022. They said they had no documentation or way of knowing what staff had read the email or if they had opened the email. On January 12, 2023, the DOC sent out another email to all staff asking them to respond that they had read and understood the information, and a number of staff responded back with questions. The DOC said that further training was needed related to minimizing of restraining and confinement and wandering residents.

There was risk that staff might have not understood the requirements of the legislation related to minimizing restraints and confinement.

**Sources:** Compliance Order #002 from inspection #2022-1405-0001, the home's follow up documentation and staff interviews. [213]

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**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001**

## **NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #001**

**Related to Written Notification NC #003**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1,100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

### **Compliance History:**

Compliance Order #002, issued in inspection #2022\_1504\_0001, on September 29, 2022, with a compliance due date of November 9, 2022, related to FLTCA, 2021 s. 5.

This is the first time the licensee has failed to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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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/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

The written request for review must be served personally, by registered mail, email or commercial courier upon:

#### Director

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).