

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

**Amended Public Report
Cover Sheet (A1)**

Amended Report Issue Date: February 5, 2024	
Original Report Issue Date: November 6, 2023	
Inspection Number: 2023-1089-0005 (A1)	
Inspection Type: Complaint Critical Incident	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Sumac Lodge, Sarnia	
Amended By Debra Churcher (670)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to: Reflect a decision made on February 2, 2024, to grant the licensee's request for an extension of Compliance Due Date for Compliance Order #001 from February 2, 2024, to February 16, 2024.

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Amended Public Report (A1)

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Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Sumac Lodge, Sarnia	
Lead Inspector Debra Churcher (670)	Additional Inspector(s) Cassandra Taylor (725)
Amended By Debra Churcher (670)	Inspector who Amended Digital Signature

AMENDED INSPECTION SUMMARY

This report has been amended to: Reflect a decision made on February 2, 2024, to grant the licensee's request for an extension of Compliance Due Date for Compliance Order #001 from February 2, 2024, to February 16, 2024.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 10, 11, 18, 19, 20, 2023.

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The inspection occurred offsite on the following date(s): October 12, 17, 2023.

The following intake(s) were inspected:

- Intake: #00095245 CIS# 2573-000033-23 related to a fall with injury.
- Intake: #00096053 CIS# 2573-000040-23 related to a complaint received by the home regarding care concerns.
- Intake: #00096503 Complaint related to the condition of the home and maintenance services.

The following intakes were completed in this inspection: #00099591 CIS# 2573-000051-23 and #00096380 - 2573-000041-23 and were related to falls.

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

- Resident Care and Support Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Reporting and Complaints
- Falls Prevention and Management

AMENDED INSPECTION RESULTS

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WRITTEN NOTIFICATION: Skin and Wound

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

The licensee failed to complete weekly assessments for a resident who was exhibiting altered skin integrity.

Rationale & Summary:

A resident was noted to have an area of altered skin integrity that became infected seven days later. Review of the residents clinical records showed that wound assessments were not regularly completed weekly placing the resident at risk for further complications.

During an interview with Registered Practical Nurse (RPN) they indicated the process of the home is to complete a weekly assessment of the wound in Point Click Care (PCC) until healed.

Director of Care (DOC) indicated the expectation would have been for registered staff to complete the weekly wound assessments until healed.

Sources:

Resident records and staff interviews.

[725]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

The licensee failed to monitor every shift, a resident who had indications of the presence of infection.

Rationale and Summary:

A resident was noted to have signs and symptoms of infection to an area of altered skin integrity. Interventions were ordered. Review of the progress notes had shown infection monitoring assessments were not regularly documented every shift during the infectious period.

During an interview with an RPN they indicated the process of the home is to assess the resident every shift and document that assessment in PCC.

The DOC indicated the expectation of staff would have been to complete an infection monitoring note every shift during the suspected or confirmed infection.

The irregular assessment documentation placed the resident at increased risk for potential complications of the infection.

Sources:

Resident records and staff interviews.

[725]

COMPLIANCE ORDER CO #001 Care and Services

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The inspector is ordering the licensee to comply with a Compliance Order

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[FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

- Repair or replace if irreparable, all damaged walls in the home including but not limited to, damaged drywall or plaster, damaged protective wall coverings/acrovyn and paint any walls that required repair.
- Repair or replace if irreparable, all damaged baseboards in the home.
- Repair or replace if irreparable, all damaged door frames and door frame covers.
- Repair or replace if irreparable, all damaged heater covers.
- Repair the keypad to the East Lounge spa and ensure the door locks.
- Repair or replace if irreparable, any sinks that leak, do not turn on and off easily or are in disrepair.
- Repair or replace if irreparable any toilets that run continuously, are noted to be leaking or are in disrepair.
- Replace all stained or damaged flooring in bathrooms and any other damaged or stained flooring in the home.
- Replace any areas of corrosion to the wooden exterior of the home.
- Repair and replace the bricks around the pillar at the front of the building.
- Replace any patio furniture that is unstable and no longer sturdy.
- Keep a record of all repairs and remediation completed that includes the dates the work was completed and by whom. Records are to be kept onsite and easily accessible.

Grounds

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The licensee has failed to ensure that the home, furnishings and equipment were maintained and a safe condition and in a good state of repair.

Rationale and Summary:

During observations in the home the following areas were noted to be in disrepair:

- Multiple areas of damaged walls were noted in all resident and common rooms that included but was not limited to, multiple areas of holes in walls with crumbling plaster, multiple areas of broken plastic wall coverings, in a resident room a piece of metal was observed protruding from the wall.
- Multiple areas of baseboards separated from the walls.
- All resident rooms and common areas noted to have varying degrees of broken and damaged plastic coverings over the door frames with multiple sharp and jagged edges.
- Base board heater covers missing to the front door heater and to a resident bathroom with the internal metal fins exposed.
- East hall spa door keypad was damaged and the door could not be locked.
- All resident room bathrooms with the exception of two bathrooms noted to have black or brown staining around the base of the toilet to varying degrees and one resident bathroom had no running water in the sink. One bathroom shared by multiple residents was noted to have black, brown and gray staining to half of the bathroom floor with the most severe staining around the base of the toilet. Noted one toilet in a residents bathroom was constantly running and one toilet in a residents bathroom was noted to be leaking around the base.
- Multiple missing bricks noted piled at the base of one of the carport pillars at the front of the building.
- Multiple areas of corrosion noted to the wooden exterior of the home.

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-Patio furniture was observed either facing the exterior wall or laying on its side and when assessed it was observed that the furniture was unstable.

Review of the home's complaint logs showed that the home received a resident complaint related to requested maintenance in their room that had not been completed over seven months after the initial request.

Review of Resident Council meeting minutes showed that during the May, 2023 meeting the Council was notified that the Environmental Supervisor (ESM) had decided to leave the home. The September Council meeting showed that the Council had been informed that the flowerbed bricks would not be repaired this year and would be added to capital for next year.

Review of the Family Council meeting minutes showed that during the May, 2023, meeting the Council had concerns about a pothole in the homes driveway. The June, 2023 Family Council meeting minutes showed that the Council had concerns related to the bricks at the front of the building, dead trees being a fire hazard, the pothole in the driveway, a light in the West lounge needing to be replaced and a general statement "maintenance is an issue." July, 2023 Family Council meeting minutes showed that the Council felt that there had been no improvements to the maintenance services in the home and stated they were concerned "that lack of repairs and upkeep has become the normal state of affairs for the home".

During an interview with a resident they were asked if they had any concerns with the maintenance services in the home. The resident became visibly upset and expressed several concerns with the lack of maintenance in the home and the condition of the home.

Failure to maintain the interior and exterior of the home in a safe condition and a good state of repair placed the residents at risk for injury and created potential infection prevention and control risks due to the potential cleaning difficulties in areas of disrepair.

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Sources:

Observations and review of the Resident and Family Council meeting minutes and an interview with a resident.

[670]

This order must be complied with by February 16, 2024

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

COMPLIANCE ORDER CO #002 Accommodation Services

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 96 (1) (a)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

-Hire qualified maintenance personnel or contract a vendor to ensure that there are maintenance services available in the home seven days a week.

-The Executive Director is to audit the scheduled tasks and the staff added tasks in the home's Maintenance Care tracking system on a weekly basis to ensure all of the tasks have been completed.

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The licensee has failed to ensure that as part of the organized program of maintenance services under clause 19 (1) (c) of the Act, maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair.

Rationale and Summary:

Review of the home's complaint logs showed that the home received a resident complaint related to requested maintenance in their room that had not been completed over seven months after the initial request. The home received a family complaint related to a request for maintenance in a resident's room that had not been completed for a month since the initial request.

Review of Resident Council meeting minutes showed that during the May, 2023, meeting the Council was notified that the Environmental Supervisor (ESM) had decided to leave the home. The September, 2023 Council meeting showed that the Council had been informed that the flowerbed bricks would not be repaired this year and would be added to capital for next year, the home would refer to the maintenance person from an alternate home to see if the flagpole could be repaired and the home was merging the Infection Prevention and Control Lead (IPAC) and the ESM positions and would be looking for a handyman.

Review of the Family Council meeting minutes showed that during the May, 2023 meeting the Council had concerns about a pothole in the home's driveway. The June, 2023 Family Council meeting minutes showed that the Council had concerns related to the bricks at the front of the building, dead trees being a fire hazard, the pothole in the driveway, the ceiling light in the West lounge needing to be replaced and stated "maintenance is an issue." The July, 2023 Family Council meeting minutes showed that the Council felt that there had been no improvements to the maintenance services in the home and stated they were concerned "that lack of repairs and upkeep has become the normal state of affairs for the home".

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During an interview with a resident they shared that any repairs in the home take a very long time to be addressed. The resident stated that they had been requesting maintenance in their room for three months and expressed frustration that the repairs had still not been completed.

During an interview with the IPAC Lead ESM they stated that the home's previous ESM completed the maintenance in the home but had been off work for close to two years. During that time they had hired replacements however the two replacements that were hired stayed only a few months each and other than the two short periods when they home had the replacements for the ESM they had been without an internal maintenance person. The IPAC ESM shared that for approximately the last four months they have had a maintenance person come one day per week from a sister home. Stated that they had been attempting to hire maintenance for two days per week. The IPAC Lead ESM acknowledged that daily tasks of inspection of the circulating pumps and inspection of the heating boilers, listed on the Maintenance Care system were not being completed. If the maintenance person from the sister home was on vacation or either home was in an outbreak they would not attend the home and the weekly generator checks would not be completed.

During an interview with a Family Council Member they shared that they felt there was no maintenance in the home. There was a person that had come occasionally from another home but due to drive time was only in the home about four and a half hours. No maintenance was getting done in the home and the entire building needed some sort of repair. Stated that not maintaining the home puts all the residents at risk.

During an interview with a Housekeeper they shared that staff are consistently reporting maintenance issues but repairs are never completed.

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During an interview with a Personal Support Worker (PSW) stated that the East spa door had been reported on a Monday when they returned after having a weekend off. The PSW reports that no repairs had been completed and the door had been unlocked for weeks. Review of the Maintenance Care Task report showed issues with the East hall spa door had been reported on Monday, September 25, 2023.

During an interview with the Acting Executive Director (AED) they acknowledged they did not have maintenance services available in the home seven days a week.

Failure to have maintenance services provided in the home consistently has resulted in multiple areas of deterioration throughout interior and exterior of the home placing residents at risk.

Sources:

Observations and interviews with a resident, the AED, a Family Council member, the IPAC Lead ESM, a Housekeeper and a PSW.

[670]

This order must be complied with by December 5, 2023

COMPLIANCE ORDER CO #003 Accommodation Services

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 98 (2) (a)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically the licensee must:

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-Hire a person(s) or contract a vendor that has the skills, knowledge, experience, knowledge of evidence-based practices or prevailing practices relating to maintenance to either act as the Environmental Services Manager or the Co-Environmental Services Manager.

-Records of the hired staff member or contracted vendor and their qualifications are to be kept onsite and readily available.

Grounds

The licensee has failed to ensure that the designated lead has the skills, knowledge and experience to perform the role, including, knowledge of evidence-based practices and, if there are none, prevailing practices relating to housekeeping, laundry and maintenance.

Rationale and Summary:

The Role Profile for the Environmental Services Manager stated:

Key Responsibilities:

-Inspect all work areas and essential equipment as part of ongoing safety and fire protection program to ensure safety standards are maintained, clean and sanitary and equipment is in safe working order

-Monitor and use specialized building automation systems, fire safety equipment, call boxes, emergency shut offs etc.

-To establish and maintain preventative maintenance schedules for required equipment

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- To oversee/perform all internal and external maintenance tasks related to the home Such as plumbing, electrical, snow removal etc.
- To update policies and procedures for department manuals and records, ensure compliance and submit reports as required
- To monitor inventories of departmental supplies and re-order as required (Housekeeping, Maintenance & Laundry)
- To participate in the development of the departmental annual operating budget and ensure compliance
- To hire, orient, train, supervise and evaluate the performance of environmental/housekeeping/laundry staff
- To assist with grievance process, labour relations & contract negotiations
- To ensure maintenance/laundry/housekeeping staff complies with policies and procedures, including safety rules and safe working practices
- To be knowledgeable of the Resident Bill of Rights/Guiding Principles and endeavors to promote them
- To ensure resident satisfaction and continuous quality improvement and risk management initiatives are implemented and promoted
- To assist the Executive Director in the Infection Control Program by ensuring compliance with the established policies in relation to laundry and housekeeping
- Follow and adhere to Revera's Guiding Principles
- All other duties as assigned

Required Education, Credentials and Experience:

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- Post-secondary degree or diploma or equivalent is required
- Minimum of two (2) years' experience in a managerial or supervisory capacity in the area of Environmental Services
- Must be enrolled or willing to enroll in the Property Admin Certificate(PAC) program
- Knowledge of building systems including- basic plumbing, electrical, mechanical, HVAC and emergency systems
- Knowledge and experience related to evidence-based practices associated with housekeeping, laundry and maintenance
- Valid Vulnerable Sector Search (valid within 6 months)
- Passion and focus on a person-centered approach

During an interview with the Acting Executive Director (AED) they shared that the home's previous Environmental Supervisor (ESM) had been on an extended leave and during that time they had hired replacements on two separate occasions however those hires did not work out. The AED also shared that on September 5, 2023, the home decreased the IPAC Lead hours to 26.5 hours weekly from 37.5 hours weekly and added the ESM title and duties to the IPAC Lead making a dual role of IPAC Lead and ESM. The AED also acknowledged that they believed the current ESM had the skill set to manage the maintenance department in relation to managerial tasks such as scheduling, orders, and audits however they did not feel the IPAC Lead ESM had the knowledge or skill set to complete the physical maintenance tasks and equipment monitoring tasks.

During an interview with the IPAC Lead ESM they shared that on September 5, 2023, their IPAC Lead hours were decreased from 37.5 hours weekly to 26.5 hours weekly

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and the ESM roll was added for a total of 26.5 IPAC hours weekly and a total of 11 ESM hours weekly. The IPAC Lead ESM stated that they were a nurse and felt that they had the skill set to manage housekeeping and laundry departments but for maintenance they did not have the skill set to fulfill many of the physical tasks of the ESM role.

Failure to have and ESM in place with the required skillset places residents at risk.

Sources:

The ESM Role Profile, interview with the AED and IPAC Lead ESM.

[670]

This order must be complied with by December 5, 2023

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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, 8th floor
Toronto, ON, M7A 1N3

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e-mail: 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

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.