

**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 |
|--|---|-----------------------------------|--|
| Aug 23, 2021 | 2021_788721_0005 | 008329-21 | Critical Incident System |

Licensee/Titulaire de permis

Ritz Lutheran Villa
4118A Road 164 R.R. #5 Mitchell ON N0K 1N0

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

Ritz Lutheran Villa
4118A Road 164, R.R. #5 Mitchell ON N0K 1N0

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

MEAGAN MCGREGOR (721)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): August 4-6 and 9, 2021.

The following Critical Incident System (CIS) intake was inspected during this CIS inspection:

Log #008329-21, CIS #3007-000022-21 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), the Quality Improvement Coordinator, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff, an Infectious Diseases Manager from Huron Perth Public Health (HPPH) and residents.

During this inspection an Infection Prevention and Control (IPAC) observational checklist was completed.

The Inspector also toured the home and observed IPAC practices, cooling systems and air temperature monitoring systems in place, and the provision of care to residents; and reviewed clinical records and plans of care for the identified resident and relevant policies and procedures.

This inspection was conducted concurrently with Director Order Follow Up Inspection #2021_788721_0004.

The following Inspection Protocols were used during this inspection:

Falls Prevention

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 :

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1. The licensee has failed to ensure that the home was a safe and secure environment for residents related to the failure to maintain IPAC measures specified in Chief Medical Officer of Health (CMOH) Directive #3 regarding active screening of staff once per day at the beginning of their shift.

CMOH 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, effective July 16, 2021, directed homes to ensure that all staff are actively screened for symptoms and exposure history for COVID-19 once per day at the beginning of their shift before they are allowed to enter the home.

The home required staff to complete a COVID-19 screening tool once per day at the beginning of their shift before entering the home. Each staff member was responsible for completing their own COVID-19 screening tool and completed COVID-19 screening tools were later reviewed by a screener that worked from 1000 to 1800 hours. The DOC indicated that COVID-19 screening tools completed by staff outside of the hours when the screener was present would be reviewed by the screener on the following shift.

The homes staff screening practices were reviewed with the local public health unit and they confirmed that this practice would not be considered active screening and they would expect staff COVID-19 screening tools to be reviewed before staff were allowed to enter the home.

By not actively screening staff at the beginning of their shift there may be an increased risk of resident exposure to COVID-19.

Sources: CMOH COVID-19 Directive #3, observations of screening practices in the home, interviews with staff and HPPH Infectious Diseases Manager. [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, to be implemented voluntarily.

Issued on this 23rd day of August, 2021

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

Original report signed by the inspector.