

Agenda

Dearness Home Committee of Management

3rd Meeting of the Dearness Home Committee of Management

September 16, 2019, 3:00 PM

Committee Room #4, Second Floor, City Hall

Members

Councillors: E. Pelozo (Chair), A. Hopkins (Vice Chair), M. Cassidy, S. Hillier, and S. Lehman, and C. Saunders (Secretary).

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Pages

1. CALL TO ORDER

1.1. Disclosures of pecuniary interest(s), if applicable.

2. CONSENT ITEMS

2.1	2nd Report of the Dearness Home Committee of Management	2
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2.2	Administrator's Report to the Committee of Management for the Period April 16, 2019 to August 15, 2019	3
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3. SCHEDULED ITEMS

4. ITEMS FOR DIRECTION

4.1 Meeting Schedule

5. DEFERRED MATTERS/ADDITIONAL BUSINESS

6. CONFIDENTIAL

7. NEXT SCHEDULED MEETING DATE

Wednesday, November 13, 2019, City Hall, Committee Room #4

8. ADJOURNMENT

MINUTES OF THE
2ND MEETING OF THE
DEARNESS HOME COMMITTEE OF MANAGEMENT

Meeting held on Wednesday, May 22, 2019, commencing at 12:00 PM at Dearness Home, 710 Southdale Road E, London N6E 1R8.

PRESENT: Councillors E. Pelozza (Chair), S. Hillier, A. Hopkins, and S. Lehman, and C. Saunders (Secretary).

ABSENT: Councillor M. Cassidy

ALSO PRESENT: E. Marion-Bellemare A. Hagan and L. Hancock and L. Marshall.

1. Disclosures of Pecuniary Interest

None were disclosed.

2. Minutes of the 1st Meeting of the Dearness Home Committee of Management

LEHMAN AND HILLIER

That the Minutes of the 1st Meeting of the Dearness Home Committee of Management, from its meeting held on February 21, 2019, BE RECEIVED. CARRIED

3. Administrator's Report to the Committee of Management for the Period January 16, 2019 to April 15, 2019

LEHMAN AND HILLIER

That, on the recommendation of the Administrator, Dearness Home, with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, the report dated May 22, 2019, entitled "Administrator's Report to the Committee of Management for the Period January 16, 2019 to April 15, 2019", BE RECEIVED. CARRIED

4. Adjournment

HILLIER AND HOPKINS

That the meeting of the Dearness Home Committee of Management BE ADJOURNED. CARRIED.

The meeting adjourns at 1:36 PM.

E. Pelozza, Chair

C. Saunders, Secretary

TO:	CHAIR AND MEMBERS DEARNESS HOME COMMITTEE OF MANAGEMENT MEETING ON SEPTEMBER 16, 2019
FROM:	LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME
SUBJECT:	ADMINISTRATOR'S REPORT TO THE COMMITTEE OF MANAGEMENT FOR THE PERIOD APRIL 16, 2019 TO AUGUST 15, 2019.

RECOMMENDATION

That, on the recommendation of the Administrator, Dearness Home and with the concurrence of the Managing Director, Housing, Social Services and Dearness Home, this report related to the Dearness Home **BE RECEIVED** for information.

PREVIOUS REPORTS PERTINENT TO THIS MATTER
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- November 14, 2018, Administrator's Report August 1, 2018 to October 15, 2018
- February 21, 2019, Administrator's Report October 16, 2018 to January 15, 2019
- May 22, 2019, Administrator's Report January 16, 2019 to April 15, 2019

BACKGROUND

Service Provision Statistics:

Occupancy Average January 1, 2019 to July 31, 2019	Number of Individuals on Waiting List as of August 15, 2019
98.80%	Basic – 288 Private - 43

Compliance Report/Update:

Critical Incidents – The Ministry of Health and Long Term Care (MOHLTC) has a Mandatory and Critical Incident Reporting process which requires reporting of all critical incidents in the Home.

The following critical incidents were reported to the MOHLTC during the reporting period:

Mandatory and Critical Incident Reporting

Incident Type and Number (n) of Incidents	Issues	Status
An injury that results in a resident transfer to hospital: <ul style="list-style-type: none"> • Falls with Fracture (4) 	Fractures included a right pubic fracture, right femur, left and right rib and left wrist fractures.	All required documentation was completed. The residents affected had their plan of care reviewed by the Falls Committee and Management team to ensure improved processes are in place to mitigate further falls. <u>Fall Statistics:</u> <ul style="list-style-type: none"> • 17.6% of residents fell in May.

		<ul style="list-style-type: none"> • 18.5% of residents fell in June. • 19.7% of residents fell in July. • 12.7% of residents fell in August (up to August 15). • 35.6% of residents who fell were found on the floor. (unwitnessed). • 72.3% had no injury. • 27.7% had temporary injury. • 7.4% were transferred to hospital.
Abuse or neglect of a resident that resulted in harm or risk of harm: Suspected Abuse (1): <ul style="list-style-type: none"> • Visitor to Resident (1) 	Followed City of London/ Dearness Home process for Resident Abuse and Neglect Policy and Internal process. Organization to assess and provide interventions to mitigate further harm/risk.	Investigation completed. Recommended actions flowing from the completed investigation were implemented.
An Outbreak of a Reportable Disease: <ul style="list-style-type: none"> • Acute Respiratory (3) 	The acute respiratory outbreak on 5 East, Birch Walk was declared on April 16, 2019 and resolved on May 3, 2019. There was minimal resident impact. The acute respiratory outbreak on 1 East, Oakdale, was declared on July 24, 2019 and resolved on August 2, 2019. There was minimal resident impact. The acute respiratory outbreak on 4 West, Pine Grove, was declared on July 23, 2019 and resolved on August 2, 2019. There was minimal resident impact.	Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.
Unexpected Death (1)	Followed Dearness Home internal process for unexpected death.	All required documentation was completed.

Infection Control:

- The Home continues to have minimal outbreak days compared to previous years.
- The Home continues to have low infection rates related to urinary tract infections and wounds.
- The Home's hand hygiene compliance rate remains above 90%.

Ministry Inspections/Visits:

The Ministry of Labour visited the Dearness Home on June 28, 2019 to conduct a Complaint Inspection. There were no findings.

The Ministry of Labour visited the Dearness Home on July 11, 2019 to conduct an Employee Incident Investigation. There were no findings.

The Ministry of Health and Long Term Care visited the Dearness Home on May 3, 2019 to conduct a Critical Incident System Inspection which resulted in two (2) written notifications and two (2) Voluntary Plans of Correction received. The Home has developed and implemented a plan of corrective action to ensure compliance. The Ministry's public report of this inspection is attached as "Appendix A".

The Ministry of Health and Long Term Care visited the Dearness Home on June 4, 2019 to conduct a Complaint Inspection. There were no issues. The Ministry's public report of this inspection is attached as "Appendix B".

The Ministry of Health and Long Term Care visited the Dearness Home on August 14, 2019 to conduct a Complaint Inspection. There were no issues. The Ministry's public report of this inspection is attached as "Appendix C".

Public reports are posted by the MOHLTC at the following link:

<http://publicreporting.ltc homes.net/en-ca/homeprofile.aspx?Home=m514&tab=1>

Fire Inspections completed by the London Fire Department are current.

Health and Safety:

The Occupational Health and Safety (OHS) Committee met monthly during the reporting period and regular inspections were conducted. Health and Safety procedures continue to be reviewed annually and the committee remains on schedule with its annual review. Health and Safety workplace inspections were completed and timely responses to items have been addressed. The committee reviewed and established its Continuous Improvement Plan projects for 2019 which include Corporate and Dearness specific initiatives.

General Updates:

Highlights in the Recreation Department include:

- The Home's Residents' Council hosted its annual election to vote in the new Council resulting in a new President, Vice President, Treasurer and Representatives for each home area.
- The Dearness Home Diversity Committee hosted a Positive Space Champion Initiative facilitated by City of London staff. Twelve (12) Dearness Home staff became Positive Space Champions for the Home and Adult Day Program. These staff identify themselves wearing rainbow buttons that host the words *Positive Space Champion*.
- Dearness staff and volunteers hosted the Home's annual formal celebration of Mother's Day and Father's Day dinners for over 120 residents and family members.
- The Home's Volunteer Coordinator attended Fanshawe College's Volunteer Fair. Three students were recruited for volunteer services at the Dearness Home.
- The Home's Auxiliary hosted its annual Auxiliary Fashion Show. All proceeds go to support programs for all residents.
- The Home hosted a Memorial Service attended by staff and loved ones of Dearness. Caring and Sharing is held in honour of our residents who have passed away. The service is led by the Home's Chaplain and Spiritual Care Committee.
- The Commission on Accreditation for Rehabilitation Facilities (CARF) Surveyors conducted their survey for both the Dearness Home and Adult Day Program & Wellness Centre during the reporting period. A very successful survey boasted another 3 year Excellence Award for the two programs with impressive feedback and high benchmarking scores from CARF.
- The Home's Management Team hosted its Accreditation Celebration for Residents, Clients, Staff, Volunteers and Stakeholders in August to thank all for their support and participation.
- As part of the Home's celebration of Seniors Month in June, the Home hosted its annual Canada Day Barbeque celebration for Family and Friends of Dearness. A live rock and roll band, barbeque lunch, face painting and games for over 200 attendees were a part of the festivities.

- The Recreation Department recruited two casual Recreation Coordinators.

Dietary:

Highlights in the Dietary Department include:

- The Dietary Department recruited a new Food Services Supervisor during the reporting period.
- The Dietary Department assisted with providing the Home's annual Canada Day Barbeque for residents and family members.
- The Dietary Department assisted with providing the meal for the Home's Mother's Day and Father's Day dinners.
- Barbeque lunches were provided to all residents during the summer months.
- The Home's new Spring/Summer menu was launched in May providing new meal options for residents.
- The Dietary Department is continuing to work on implementing Menu Stream software to support the existing dietary software system. This upgrade will provide iPads for tableside ordering resulting in a reduction of paper and errors with diets and textures.

Nursing:

Highlights in the Nursing Department include:

- In May, the Home made changes to its Staff Performance Appraisal Program that included implementing a Purposeful Rounding Model, similar to what is being used in other health care facilities. With this model the manager meets the staff member in their workspace for a 10-15 minute conversation focusing on employee support, information sharing, and coaching. Staff members are encouraged to share how they are ensuring the best possible care for our residents as well as provide their input into how to improve the lived experience of our residents, staff and families at Dearness Home. The initiative has been well received by both staff and managers.
- The Nursing department recruited a new Assistant Director of Care during the reporting period.
- The Administrator and Director of Care attended the AdvantAge Ontario Conference in May. This annual conference is the largest gathering of senior staff from not-for-profit long term care homes, seniors' housing and community service organizations from across Ontario. During the event there were 130 speakers, 37 education sessions and 100 exhibitors and sponsors. Speakers included government officials, home Administrators and Directors of Care, leaders of professional bodies and legal experts in the field of long term care.
- Medical Mart hosted an Educational Development Day in April. The program provided an opportunity for industry professionals to share in-depth advanced skills and expanded knowledge related to wound care, incontinence, and palliative care to five of the Home's nursing staff.
- The Annual Geriatric Medicine Refresher Day was held in May this year at the London Convention Centre. Six of the Home's staff attended the event which provides an opportunity for professionals to broaden their knowledge base, refine skills, and meet with others who share a passion for improving the care for older adults. Topics included dementia care, neurological exams, polypharmacy, cannabis use, capacity, responsive behaviours, and ethics.
- Two of the Home's Personal Support Workers (PSWs) had the opportunity to attend U-First training in May. U-First is a program that educates frontline staff to develop a common knowledge base, language, values, and approach to caring for people with Alzheimer's disease and other dementias.
- In an effort to improve customer service and help reduce falls, the Home has introduced a taped report system at shift change. Previously, shift to shift report was completed verbally by the on-coming Registered Practical Nurse (RPN) to the PSWs. As the RPN has duties to complete prior to initiating the verbal report, the PSWs would be slightly delayed in beginning their work on the floor. With the new system, the out-going RPN records the report for the next shift which the PSWs can listen to immediately upon their

arrival on the unit, allowing them to begin their work on the floor with little delay. Thus far the system has been put into place on 4 out of 9 units and feedback has been positive.

Environmental:

Highlights in the Environmental Department include:

- To date, there remains a few access points to be installed for the improvement and upgrade project of the Home’s WiFi and phone systems. The project will include home-wide WiFi access and will be completed in early September.
- Capital and Operational projects have been reviewed during the reporting period resulting in some changes and/or adjustments for this year. We will be looking at planning for a home-wide replacement of the nurse call system. Previously planned projects such as the installation of sensor faucets and new toilets in public washrooms for the Dearness Home will continue for the remainder of this year.
- Dearness Home now works in collaboration with the Parks and Recreation Department to maintain the Dearness grounds.

RECOMMENDED BY	CONCURRED BY:
LESLIE HANCOCK ADMINISTRATOR, DEARNESS HOME	SANDRA DATARS BERE MANAGING DIRECTOR HOUSING, SOCIAL SERVICES AND DEARNESS HOME

- CC:
- M. Hayward, City Manager
 - B. Baar, Senior Financial Business Administrator
 - J. Brown, Financial Business Administrator
 - L. Marshall, Solicitor
 - A. Hagan, Manager, Labour Relations
 - C. Da Silva, Specialist, Human Resources Solutions



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**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
May 15, 2019	2019_674610_0020	000233-19	Critical Incident System

Licensee/Titulaire de permis
The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

Long-Term Care Home/Foyer de soins de longue durée
Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs
NATALIE MORONEY (610)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): May 3, 2019

**This inspection was completed related to:
Critical Incident Report #M51400000119, Log #000233-19, allegations of staff to resident verbal abuse.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, Assistant Director of Care, Security Guard(s), and Physiotherapist and resident(s).

Inspectors also reviewed relevant record documentation, completed interviews and observed staff to resident care and interactions.

**The following Inspection Protocols were used during this inspection:
Prevention of Abuse, Neglect and Retaliation**

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

**2 WN(s)
2 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. 76. Training



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Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).
2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).
4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).
5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).
6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).
7. Fire prevention and safety. 2007, c. 8, s. 76. (2).
8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).
9. Infection prevention and control. 2007, c. 8, s. 76. (2).
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Findings/Faits saillants :

The licensee failed to ensure that no person performs their responsibilities before receiving training in the areas mentioned on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

S. 76. (1) Every licensee of a long-term care home shall ensure that all staff at the home have received training as required by this section.

The Ministry of Health and Long term Care (MOHLTC) received a Critical Incident Report (CIS), from the home regarding allegations of staff to resident abuse.

Section 2 (1) of the Ontario Regulation 79/10 defined Verbal Abuse any form of verbal communication of a belittling or degrading nature which may diminish the resident's sense of well-being, dignity or self-worth made by anyone other than a resident. Verbal abuse also includes any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where



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the resident making the communication understands and appreciates its consequences.

The ADOC told the inspector that outside agency had been hired to provide care services to ensure that the resident's responsive behaviours were not escalating and were to be monitored. The ADOC also said that the outside agency had been providing ongoing care services for approximately five months

The home's policy "Resident Abuse-by Persons other than Staff" ADMI-02-02-04 a stated in part that the Administrator/Designate was responsible for ensuring that the "Resident Abuse by Persons other than Staff" policy and procedures were communicated to all persons having any type of working or non-working relationships with the home.

The outside agency record documentation did not show that there was documented evidence that the outside agency had received training and education on the "Resident Abuse by Persons other than Staff" policy and procedures prior to performing their responsibilities.

In an interview the outside agency said that they were provided a policy to read regarding zero tolerance of abuse and had signed that they had reviewed/read the policy.

The "Signature Page" provided by the outside agency was not titled as to what policy was read. However the signature page showed that four outside agency had read the policy recently.

The ADOC acknowledge that the outside agency had not been provided the policy to read regarding "Resident Abuse by Persons other than Staff" policy and procedures prior to performing their responsibilities and should have.



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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 no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below: 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 215. Police record check

Specifically failed to comply with the following:

s. 215. (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect. O. Reg. 451/18, s. 3 (1).

Findings/Faits saillants :

The licensee had failed to ensure that police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect. O. Reg. 451/18, s. 3 (1).

s.75. (1) Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. 2007, c. 8, s. 75. (1).

s. 75. (2) The screening measures shall include police record checks, unless the person being screened is under 18 years of age. 2007, c. 8, s. 75. (2); 2015, c. 30, s. 24 (1).

The Ministry of Health and Long term Care (MOHLTC) received a Critical Incident Report (CIS) from the home regarding staff to resident verbal abuse.



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Section 2 (1) of the Ontario Regulation 79/10 defined Verbal Abuse as: any form of verbal communication of a belittling or degrading nature which may diminish the resident's sense of well-being, dignity or self-worth made by anyone other than a resident. Verbal abuse also includes any form of verbal communication of a threatening or intimidating nature made by a resident that leads another resident to fear for his or her safety where the resident making the communication understands and appreciates its consequences.

Section 2 (1) of the Ontario Regulation 79/10 defined staff as: Interpretation of "staff", in relation to a long-term care home, means persons who work at the home; (a) as employees of the licensee, (b) pursuant to a contract or agreement with the licensee, or (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party.

The ADOC told inspector that the outside agency hired was to provide care services to ensure that the resident did not expressive responsive behaviours with physical aggression. The ADOC also said that the outside agency has been providing ongoing care services.

Documentation review of the outside agency records provided showed that there was no evidence that screening measures included police record checks were completed and that the police record check was a vulnerable sector check. Further review of three outside agency records also showed that there was no evidence of a police record check and that the police check included a vulnerable sector check.

During a telephone interview with the Assistant Director of Care (ADOC) and the Director of Care, they both stated that they believed the manager of security at the city was responsible for ensuring police checks were completed for the home.



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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 a police record check has a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect, to be implemented voluntarily.

Issued on this 23rd day of May, 2019

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

Original report signed by the inspector.



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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
Jun 14, 2019	2019_729615_0031	009053-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

HELENE DESABRAIS (615)

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): June 4, 2019.

the following complaint was inspected during this inspection:

Compliant Log #009053-19 related to infection prevention and control, continence care management, dignity, choice and privacy.

During the course of the inspection, the inspector(s) spoke with one resident, the Administrator, the Director of Care, two Assistants Director of Care, two Registered Practical Nurses and four Personal Support Workers.

During the course of the inspection, the inspector(s) also observed residents' care provisions, reviewed residents clinical records, the home's policies and procedures and other relevant documentation.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dignity, Choice and Privacy
Infection Prevention and Control**

During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

Issued on this 14th day of June, 2019

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



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des Soins
de longue durée**

**Rapport d'inspection prévue
sous *la Loi de 2007 sur les foyers
de soins de longue durée***

Original report signed by the inspector.



**Ministry of Health and
Long-Term Care**

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de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

**London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300**

**Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Aug 20, 2019	2019_778563_0029	013657-19	Complaint

Licensee/Titulaire de permis

The Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 LONDON ON N6A 3N7

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

Dearness Home for Senior Citizens
710 Southdale Road East LONDON ON N6E 1R8

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

MELANIE NORTHEY (563)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): August 14, 2019

During the course of the inspection, the inspector(s) spoke with the Director of Care, the family members and the resident.

The inspector also made observations of the resident and care provided. Relevant clinical records and the plan of care for the identified resident was reviewed.

The following Inspection Protocols were used during this inspection:



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Personal Support Services

During the course of this inspection, Non-Compliances were not issued.

- 0 WN(s)
- 0 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
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sous la Loi de 2007 sur les foyers
de soins de longue durée**

Issued on this 20th day of August, 2019

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

Original report signed by the inspector.