

Agenda Including Addeds

Dearness Home Committee of Management

4th Meeting of the Dearness Home Committee of Management

June 14, 2021, 12:00 PM

Virtual Meeting - during the COVID-19 Emergency

Please check the City website for current details of COVID-19 service impacts.

Members

Councillors E. Pelozza (Chair), A. Hopkins, M. Cassidy, S. Hillier, S. Lehman

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Pages

1. Call to Order

1.1. Disclosures of Pecuniary Interest

2. Consent Items

2.1. 3rd Report of the Dearness Home Committee of Management

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2.2. Director's Report to the Committee of Management for the Period
February 16, 2021 to May 15, 2021

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3. Items for Discussion

3.1. *(ADDED) Verbal Update –Workplace Culture Audit*

4. Deferred Matters/Additional Business

5. Adjournment

Dearness Home Committee of Management Report

3rd Meeting of the Dearness Home Committee of Management
March 22, 2021

PRESENT: Councillors E. Pelozza (Chair), A. Hopkins, M. Cassidy, S. Hillier,
S. Lehman

ALSO PRESENT: C. Saunders
Remote Attendance: K. Dickins, A. Hagan, L. Hancock,
L. Marshall
The meeting was called to order at 12:00 PM, with all Members participating; it being noted that the following Members attended the meeting remotely: Councillors M. Cassidy, S. Lehman, A. Hopkins and S. Hillier.

1. Call to Order

1.1 Disclosures of Pecuniary Interest

2. Consent Items

Moved by: S. Lehman
Seconded by: S. Hillier

That Items 2.1 to 2.3, inclusive, BE APPROVED.

Motion Passed

2.1 1st Report of the Dearness Home Committee of Management

Moved by: S. Lehman
Seconded by: S. Hillier

That the Minutes of the 1st Meeting of the Dearness Home Committee of Management, from its meeting held on February 17, 2021, BE RECEIVED.

Motion Passed

2.2 2nd Report of the Dearness Home Committee of Management

Moved by: S. Lehman
Seconded by: S. Hillier

That the Minutes of the 2nd Meeting of the Dearness Home Committee of Management, from its meeting held on February 25, 2021, BE RECEIVED.

Motion Passed

- 2.3 Administrator's Report to the Committee of Management for the Period October 16, 2020 through February 15, 2021

Moved by: S. Lehman
Seconded by: S. Hillier

That, on the recommendation of the Administrator, Dearness Home, with the concurrence of the Acting Managing Director, Housing, Social Services and Dearness Home, the report dated March 22, 2021, entitled "Administrator's Report to the Committee of Management for the Period October 16, 2020 through February 15, 2021", BE RECEIVED.

Motion Passed

3. Items for Discussion

None.

4. Deferred Matters/Additional Business

None.

5. Adjournment

Moved by: A. Hopkins
Seconded by: S. Hillier

That the meeting BE ADJOURNED.

Motion Passed

The meeting adjourned at 12:38 PM.

Dearness Home Committee of Management

To: Chair and Members
Dearness Home Committee of Management
From: Leslie Hancock, Director of Long Term Care
Subject: Director's Report to the Committee of Management for the
Period February 16, 2021 to May 15, 2021
Date: June 14, 2021

Recommendation

That on the recommendation of the Director, Long Term Care and with the concurrence of the Deputy City Manager, Social and Health Development, this report related to the Dearness Home **BE RECEIVED** for information.

Linkage to the Corporate Strategic Plan

Dearness Home works toward the goal of Leading in Public Service by always seeking to improve services for the residents and their families.

The City of London is committed to working in partnership with the community to identify solutions that will drive a strong, deep and inclusive community recovery for London as we move out of and beyond the global COVID-19 pandemic.

Analysis

1.0 Background Information:

1.1 Previous Reports Related to this Matter:

- November 17, 2020, Administrator's Report, August 16, 2020 to October 15, 2020
- March 22, 2021, Administrator's Report, October 16, 2020 to February 15, 2021

2.0 Service Provision Statistics:

Occupancy Average February 16, 2021 to May 15, 2021	Number of Individuals on Waiting List as of April 22, 2021
87.42%	Basic – 410 Private - 153

3.0 Ministry Inspections/Visits:

The Ministry of Health and Long Term Care visited the Home on May 6, May 10 and May 11, 2021 to conduct a Critical Incident System Inspection. There was one written notification (WN) related to a housekeeping policy. Copy of the report is attached as Appendix A.

Public reports are posted by the MOHLTC at the following link:
[Link to MOHLTC Public Reports](#)

Fire Inspections completed by the London Fire Department are current.

4.0 Mandatory and Critical Incident Reporting:

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:

Incident Type and Number (n) of Incidents	Issues	Status
<p>An outbreak of a reportable Disease:</p> <ul style="list-style-type: none"> • Covid-19 (2) 	<p>A Covid-19 outbreak on 5 East, Birch Walk, was declared on March 11, 2021 and resolved on March 26, 2021. There was no resident impact.</p> <p>A Covid-19 outbreak on 5 East, Birch Walk, was declared on May 5, 2021. On May 10, 2021, this outbreak was extended to 5 West, Ash Acres and resolved on May 24, 2021. There was minimal resident impact.</p>	<p>Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.</p>
<p>Fall with Injury (2)</p>	<p>Fractures include one right humerus fracture and one right hip fracture.</p>	<p><u>Fall Statistics:</u></p> <ul style="list-style-type: none"> • 12.7% of residents fell between February 16 and February 28, 2021. • 33.7% of residents fell in March. • 26.3% of residents fell in April. • 19.7% of residents fell up to May 15, 2021. • 28.1% of residents that fell were found on the floor. • 82.5% had no injury. • 17.5% had temporary injury. • 1.6% were transferred to hospital.

5.0 Infection Control

5.1 Covid-19 Update:

- The Home converted its Worship Centre into a Covid testing area, where testing occurs 7 days a week.
- In early April the Home's Covid-19 testing for staff was increased to twice weekly, from once weekly. Consistent with the Ministry of Health guidelines, staff receive one rapid pan bio test and one polymerase chain reaction (PCR)

test in a 7 day period if they work 2 or more non-consecutive days in the Home. Visitors will receive 2 rapid tests in the same period.

- In late April the Ministry amended its Emergency Order limiting staff to work in a single Long Term Care Home to include only those who are not fully immunized against COVID-19. As such, the Home contacted all staff who were placed on an Infectious Disease Emergency Leave (IDEL) in April of 2020 and invited them to return to work at the Dearness Home if they are fully immunized. Through this process we will be able to return a number of Personal Support Workers (PSWs) and Registered Practical Nurses (RPNs) back to the Home by mid-June. This return of our staff will greatly benefit the Home given the staffing constraints experienced by the industry over the last year.
- The City of London entered into an Memorandum of Understanding agreement with the Middlesex London Health Unit to become a Community Partner, which will soon allow nurses at Dearness Home to administer COVID-19 vaccines to residents, staff and Essential Caregivers.

5.2 Infection Control Measures:

Over the reporting period, the Home continued to have low infection rates related to urinary tract and gastric infections. There have been no influenza infections. Personal protective equipment (PPE), mask and hand hygiene audits continue to be completed.

6.0 Health & Safety:

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes a physical distancing format. During outbreak the meeting will be rescheduled for the safety of all members. Regular inspections were conducted during the reporting period. Safety procedures continue to be reviewed annually and the Committee remains on schedule with its annual review.

7.0 General Updates:

7.1 Highlights in the Recreation Department:

- The Home has experienced an increase in the number of registered essential caregivers from 85 since our last report, to 225 during the reporting period. This increase is likely due to the implementation of rapid testing, an increase in new admissions and warmer weather.
- The Home's Wellness Centre for physiotherapy treatments was relocated from the main floor to the 4th floor to provide space for Rapid Testing and to allow construction to begin for the auditorium.
- Sensory updates for the Oakdale home area began in January. A 'sun porch' room was created from a series of murals. Three additional rooms will transition as well.
- A new part time Recreation Coordinator was hired and orientated to the Recreation Team during the reporting period.
- Resident and Family Councils have been very supportive of the ongoing changes around restrictions regarding Covid-19 infection control practices and safety for our residents. Virtual meetings have been very effective. Both Councils have reviewed and approved the Home's Annual Satisfaction Survey outcomes and Action Plan presented by Dearness Administration.
- A new Occupational Therapy Assistant (OTA) was added to our contracted Lifemark team to enhance the Occupational Therapist's role and services for the Dearness Home residents.
- A celebratory communication letter was mailed to our volunteers to recognize Volunteer Appreciation Month in April. The letter included a message to let them know how much they are missed and to thank them for their dedication despite the pandemic. A card signed by residents and staff was included so everyone could let these special volunteers know how much they are cared for, thought of and missed.
- Socially distanced recreation programs continue in small groups with the support from the Home's Recreation Coordinators and additional staff who are

deployed where volunteers would normally assist. In April we were able to reinstate the use of the Duet Bike, London Free Press delivery and outdoor walks and gardening.

- For Mother's Day, personal notes from families were attached to over 150 flowering plants donated by our community supporter, No Frills. All female residents received a plant on this special day where all women are celebrated; not just Moms.
- The Dearness Home drop box officially closed in early May to enable Essential Caregivers to bring items (with the exception of non-prepackaged food and beverages) into the Home for their loved one. With these lifted restrictions, Essential Caregivers were invited to take their loved one to the Home Area patio for some fresh air as well taking their loved one for a walk on the front grounds of the Home.
- The Dearness Home Cozy Corner Library received a 'lift' during lock down. Through the dedicated work of recreation staff and two residents, all of the existing books were reviewed, donated and replaced with new books.

7.2 Highlights in the Dietary Department:

- The Dietary Department provided Good Friday and Easter Monday Meals for all residents.
- The Dietary Department provided Mother's Day dinner for all residents.
- Paramount Fine Foods Donated a free lunch for all staff during the reporting period.
- The Home hired a new temporary Registered Dietitian to cover a maternity leave.
- The Dietary department continues to work with Recreation to celebrate resident birthdays and special events.
- The spring and summer menu was updated and approved by residents.

7.3 Highlights in the Nursing Department Include:

- On March 1st the Home officially moved from 2 to 1 secured unit. Over a 3 week period, all residents from our Oakdale secure unit who no longer required the environmental control were moved to available beds throughout the Home. Residents on our Forest Glen secured unit who continued to require the environment control, were moved down to our Oakdale secured unit. The transition went smoothly and the residents and families are adjusting well to their new environments.
- In late April the Home introduced 4 new full time PSW positions to the Home. This resulted in 4 full time and 4 part time float positions over the day and evening shifts when the workload is most significant. The new shifts will run from 10:00 am to 6:00 pm, allowing for 4 hours of extra care during the day and evening shifts 7 days per week.

7.4 Highlights in the Environmental Department Include:

- The Environmental department continues to provide all PPE for Covid-19 testing.
- The Home's Housekeeping Department continues to provide additional cleaning and disinfecting of the Home, as well as stocking and distributing isolation bins that provide staff with PPE.
- Chemicals and their appropriate usage have been reviewed. Policies continue to be reviewed and amended to provide specific information.
- Close monitoring and inventory tracking of all PPE continues to be tracked using the Covid-19 Critical Supplies and Equipment (CSE) Survey; this is completed weekly on Mondays and Thursdays. This tracking process will continue until further notice.
- Dearness continues to remain stable in PPE supply, with a 30 day back up supply.
- The filling and leveling of a concrete space on the Oakdale patio has been completed.

- Completion of repairs to deteriorated pipes in all serveries was completed.
- The Home's irrigation system was turned on for the season.
- Outdoor water spigots are scheduled to be repaired.
- Parks and Recreation staff have begun maintenance to the Dearness Home grounds. A plan has been discussed to include a set level of service which will include the courtyards and the Oakdale patio for this season. Next year, the patios on all Home Areas will be included.
- Parks and Recreation staff will be assisting with extending the staff smoking patio by providing temporary fencing to facilitate this.
- The Facilities Department is assisting with refurnishing the Oakdale patio.
- The Housekeeping Department hired a new full time Housekeeper.
- Department specific policies are being reviewed with Housekeeping staff during bi-weekly meetings.
- Temporary City workers currently working in the Laundry Department have begun their training in Housekeeping to join the emergency list.
- Extra bedside dining tables have been purchased to accommodate a third home area in outbreak.
- The Environmental Services Manager is conducting retraining conversations with staff and is creating training checklists.
- Changes in the laundry schedule is on hold until the Supervisor position is filled.
- The Home's linen process is currently under review.

Recommended by: Leslie Hancock, Director, Long Term Care
Concurred by: Kevin Dickins, Deputy City Manager, Social and Health Development

CC: L. Livingstone, City Manager
 J. Brown, Financial Business Administrator
 M. Liu, Senior Financial Business Administrator
 L. Marshall, Solicitor
 A. Hagan, Manager, Labour Relations
 K. Cook, Human Resources Advisor



**Ministry of Long-Term
Care**

**Ministère des Soins de longue
durée**

**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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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 12, 2021	2021_605213_0011	004596-21, 007334-21	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

RHONDA KUKOLY (213)

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): May 6, 10, 11, 2021.

**The following two critical incident intakes were completed during this inspection:
Log #004596-21, critical incident # M514-000005-21, related to a fall
Log #007334-21, critical incident #M514-000007-21, related to an outbreak**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Environmental Services Manager, Registered Practical Nurses, Personal Support Workers, Housekeeping Aides, residents and family members.

The inspector also made observations and reviewed health records, policies and procedures, education records, product information sheets and other relevant documentation.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control**

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

- 1 WN(s)**
- 0 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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
 - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the Dusting Cleaning Procedure and the Twice Daily Cleaning Checklist – Disinfectant, as part of the organized program of housekeeping, were complied with.

O. Reg 79/10 s. 87 (2) requires the licensee, as part of the organized program of housekeeping to ensure that procedures are developed and implemented for, (a) cleaning of the home, including, (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

Specifically, staff did not comply with the home's Dusting Cleaning Procedure and the Twice Daily Cleaning Checklist – Disinfectant.

The policy "Dusting Cleaning Procedure" stated: With disinfectant cleaner damp dust/wipe all high touch surfaces that come in contact with residents, visitors and staff such as over-bed tables, bedside tables, bed rails, lamp fixtures, door knobs, light switches, call bells, hand rails, telephones and tables, etc.

The Twice Daily Cleaning Checklist – Disinfectant stated: A hospital grade disinfectant is applied to all "high touch" surfaces in the room. Follow manufacturer's instructions for contact time.

A Housekeeping Aide said that they use either Buckeye E15 Hydrogen Peroxide Cleaner

or Buckeye E23 Neutral Disinfectant to clean all surfaces and contact points in resident rooms, and that they were taught that they could use either product.

Buckeye E15 Hydrogen Peroxide Cleaner is a general purpose cleaner but is not a low level disinfectant. Buckeye E23 Neutral Disinfectant is low level disinfectant designed for use in hospital, healthcare and industrial settings and is effective against a broad spectrum of organisms, including human coronavirus.

The Environmental Services Manager said that the expectation was for the housekeeping staff to use the product Buckeye E23 for cleaning all surfaces in resident rooms.

There was risk to residents when the appropriate disinfectant was not used to clean during a pandemic.

Sources: The home's policy and procedure "Dusting Cleaning Procedure" #HL-05-03-06-APX4, revised March 8, 2019, the home's procedure "Twice Daily Cleaning Checklist – Disinfectant", revised December 2017, observations of cleaning and cleaning supplies as well as interview with a Housekeeping Aide and the Environmental Services Manager. [s. 8. (1) (b)]

Issued on this 12th day of May, 2021

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

Original report signed by the inspector.