

Agenda

Dearness Home Committee of Management

1st Meeting of the Dearness Home Committee of Management

February 22, 2022, 1:00 PM

Virtual Meeting - during the COVID-19 Emergency

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

Members

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

The City of London is committed to making every effort to provide alternate formats and communication supports for Council, Standing or Advisory Committee meetings and information, upon request. To make a request for any City service, please contact accessibility@london.ca or 519-661-2489 ext. 2425.

To make a request specific to this meeting, please contact abush@london.ca.

Pages

1. Call to Order

1.1. Disclosures of Pecuniary Interest

2. Consent Items

2.1. 6th Report of the Dearness Home Committee of Management

2

2.2. Director's Report to the Committee of Management for the Period
November 1, 2021 to January 15, 2022

4

3. Items for Discussion

3.1. Declaration of Compliance Report 2021 (Note: the Report will be
included on the Added Agenda)

4. Deferred Matters/Additional Business

5. Adjournment

Dearness Home Committee of Management Report

6th Meeting of the Dearness Home Committee of Management
December 6, 2021

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

ALSO PRESENT: B. Westlake-Power
Remote Attendance: K. Dickins, A. Hagan, E. Marion-Bellemare,
L. Marshall, M. Schulthess, J. Westbrook.
The meeting is called to order at 12:01 PM; it being noted that
the following Members were in remote attendance, Councillors
M. Cassidy, A. Hopkins, S. Lehman and S. Hillier.

1. Call to Order

1.1 Disclosures of Pecuniary Interest

That it BE NOTED that no pecuniary interests were disclosed.

2. Consent Items

Moved by: S. Hillier

Seconded by: S. Lehman

That Consent Items 2.1 and 2.2 BE APPROVED.

Motion Passed

2.1 5th Report of the Dearness Home Committee of Management

Moved by: S. Hillier

Seconded by: S. Lehman

That the Minutes of the 5th Meeting of the Dearness Home Committee of
Management, from its meeting held on September 13, 2021, BE
RECEIVED.

Motion Passed

2.2 Director's Report to the Committee of Management for the Period August 16, 2021 to October 31, 2021

Moved by: S. Hillier

Seconded by: S. Lehman

That on the recommendation of the Director, Long Term Care and with the
concurrence of the Deputy City Manager, Social and Health Development,
the Director's Report to the Committee of Management for the Period
August 16, 2021 to October 31, 2021, related to the Dearness Home **BE
RECEIVED** for information.

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.

The meeting adjourned at 12:28 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 November 1, 2021 to January 15, 2022
Date: February 22, 2022

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 Director's Report to the Committee of Management for the Period November 1, 2021 to January 15, 2022, 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:

- September 13, 2021, Director's Report, May 16, 2021 to August 15, 2021
- December 6, 2021, Director's Report, August 16, 2021 to October 31, 2021

2.0 Service Provision Statistics:

Occupancy Average August 16, 2021 to October 31, 2021	Number of Individuals on Waiting List as of October 18, 2021
96%	Basic – 421 Private - 177

3.0 Ministry Inspections/Visits:

The Ministry of Long Term Care visited the Dearness Home on December 1, 2, 3, 6, 7 and 8, 2021 to conduct a Critical Incident Inspection. There was one written notification (WN) and one Voluntary Plan of Correction (VPC) received related to infection control. The Home has prepared a written plan of correction as set out in the Inspection Report of December 13, 2021. A copy of the Public Report can be found attached as Appendix A.

The Ministry of Long Term Care visited the Dearness Home on December 1, 2, 3, 6, 7 and 8, 2021 to conduct a Complaint Inspection. There were two written notifications and one Voluntary Plan of Correction received related to restraints and reporting. The Home has prepared a written plan of correction as set out in the Inspection Report of December 13, 2021. A copy of the Public Report can be found attached as Appendix B.

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 Long Term Care (MOLTC) 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 MOLTC during the reporting period:

Incident Type and Number (n) of Incidents	Issues	Status
An outbreak of a reportable Disease: <ul style="list-style-type: none"> • Covid-19 	A Covid-19 outbreak on 5 East, Birch Walk, 5 West, Ash Acres, 4 East, Willow Way, 2 East, Maple Place and 1 East, Oakdale was declared on December 29, 2021. 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.
Medication Incident - adverse reaction that alters a resident's health status (1)	Followed Dearness Home internal process for medication incidents.	All required documentation was completed.
Fall with Injury (2)	Fractures includes one right elbow and one right ankle.	Fall Statistics: <ul style="list-style-type: none"> • 41.1% of residents fell in November. • 48.5% of residents fell in December. • 36.2% of residents fell between January 1 and January 15, 2022. • 36.7% of residents that fell were found on the floor. • 87.3% had no injury. • 12.7% had temporary injury. • 1.2% were transferred to hospital.

5.0 Infection Control:

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes the use of Teams. All Committee members are able to attend through this method. 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.

6.0 General Updates:

6.1 Highlights in the Recreation Department:

- The Home has experienced an increase in the number of registered Essential Caregivers from 520 during the reporting period. 25% have submitted proof of their 3rd dose of the Covid-19 vaccine. Those who do not provide their proof of vaccination status cannot visit the Home.
- The Home's Auxiliary sponsored our annual Plum Pudding Party and donated a \$10 gift to each resident.
- The Home's application for Accreditation was submitted in December to the Commission of Accreditation of Rehabilitation Facilities (CARF) for our 2022 Survey. An extension was granted from June to November, 2022 to ensure preparation time is adequate due to the pandemic and the Home's renovations for the new auditorium.
- The Giving Tree provided 70 envelopes to our residents. The Giving tree allows the giver to take an envelope and fulfill the 'gift list' provided in the envelope which represents an anonymous resident who is in need of financial supports or who do not have any family support. This provides the resident with something special to open on December 25th. Many staff, volunteers, City of London workers and community stakeholders take an envelope. Staff are assigned to assist with the gift distribution and opening on December 25,
- The Dearness Virtual Bazaar took place on December 14. Every resident received a small gift that was donated by community members along with a treat cart and Seasonal music to brighten the residents' day. Residents are unable to have shopping outings at this time so they can keep the gift or pass it on to someone.
- The Recreation Department is recruiting temporary Chaplain.
- A new permanent full time Recreation Coordinator has been hired for the 2nd floor.

6.2 Highlights in the Dietary Department:

- Work continues to bring MenuStream software into the Home.
- The dietary department provided the residents with Christmas Eve, Christmas Day and New Year's Day meals as well as seasonal treats.
- In keeping tradition within the Home, staff were provided a meal on Christmas Day.
- Staff appreciation events were held that provided staff with a subway lunch and a food truck.
- The Dietary department hired a new casual staff member.
- The Dietary department developed a new procedure for meal service during outbreaks in anticipation of staffing shortages. Serveries will be closed on outbreak units and the meals will be served directly from the kitchen. This reduces staff exposure and allows the department to function with fewer staff if required.

6.3 Highlights in the Nursing Department Include:

- In late December, the Ministry of Health announced that residents of Long Term Care Homes will be eligible for a fourth dose of an mRNA vaccine if at least three months have passed since their third dose. Any mRNA vaccine product is acceptable as a fourth dose, although data suggests that the Moderna COVID-19 vaccine may provide a more robust immune response. As such, Dearness is focusing its efforts on securing Moderna doses for our residents. The Dearness nursing team has started the administration of these 4th doses to our residents.
- In an effort to ensure adequate staffing with RPNs, the Home has temporarily paused its Restorative Care and Behaviour Support Ontario Programs. We are

hoping this pause is short lived as the Province and region works through this 4th wave.

- In response to the funding announcement from the Ministry of Health in October, 2021 regarding increasing direct care time for residents, the Home posted 30 new FTE (30 part time and 30 full time) PSW positions in November, 2021. The new positions started on January 9, 2022 with the aim to have 4 personal support workers (PSWs) on day shift per unit, 3 PSWs on evening shift per unit, and 2 PSWs on night shift per unit.
- On December 1, 2021 we introduced a new Medical Director who has experience working as an Attending Physician at the Dearness Home and will be assisted in her transition by our outgoing Medical Director. The Home's outgoing Medical Director will be staying on with the Home as an Attending Physician.
- Mandatory training as legislated by the (MOLTC) was completed in December 2021 with all Dearness Home staff and managers trained.
- In early November, 2021 the Ministry announced details regarding the new Long Term Care Proactive Inspections Program. The new program will double the number of inspectors in Ontario, providing a ratio of one inspector per every two homes. This new program will be phased in over 2 years and will focus on quality improvement.
- On November 15 and 19, 2021 ProResp completed a train the trainer program on safe handling and use of oxygen equipment. They trained 2 of our own PSWs who subsequently trained 67 of our staff over the months of November and December. As a result of the pandemic, our ProResp partners have not been able to provide the level of in-person training sessions as they did prior to 2020. With our staff now trained as trainers we will be able to continue to provide the necessary training.

6.4 Highlights in the Environmental Department Include:

- 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.
- 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 6 week back up supply.
- The full time and part time vacancies in the laundry department have been awarded.
- The Housekeeping department has received assistance through our City supports. Six City staff have been deployed to assist us with our staffing shortages on a temporary and limited basis. Two staff were also hired as temporary casuals.

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. Millman, Financial Business Administrator
M. Liu, Senior Financial Business Administrator
L. Marshall, Solicitor
A. Hagan, Manager, Labour Relations
K. Cook, Employee Relations 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**

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 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
Dec 13, 2021	2021_961243_0006	013776-21, 016732- 21, 017854-21	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

ANGELA FINLAY (705243), CHRISTINA LEGOUFFE (730), JULIE LAMPMAN (522)

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): December 1, 2, 3, 6, 7, and 8, 2021.

**The following Critical Incident (CI) intakes were completed within this inspection:
Log #017854-21/ CI #M514-000015-21, related to medication;
Log #016732-21/ CI #M514-000013-21, related to falls prevention and management;
Log #013776-21/ CI #M514-000009-21, related to an unexpected death;
An Infection Prevention and Control (IPAC) inspection was also completed.**

Complaint inspection #2021_961243_0007 was completed concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Directors of Care (ADOCs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), the Scheduler, a Housekeeper, a Public Health Nurse, Screeners, and a resident.

The inspectors also made observations, and reviewed health records, policies, and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the IPAC program had been updated to reflect the personal protective equipment (PPE) required for screeners in accordance with evidence-based practices.

During the inspection, the inspectors observed the screeners completing active screening without the use of a physical barrier, were not maintaining two meters distance from individuals entering the building, and the only PPE they were wearing were face masks. One of the screeners was wearing a non-medical face mask.

On a review of the home's IPAC policy, there were no screener specific PPE requirements.

Public Health Ontario's document titled, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes" revised August 2021, stated, "a screener should be behind a physical barrier, such as a polycarbonate sheet or keep a distance of two meters. If this is not possible, the screener is required to wear personal protective equipment (PPE) per Droplet and Contact precautions." This document also stated, "all HCWs, other staff and essential visitors must wear a medical (surgical/procedure mask) for the duration of their shift or visit inside."

A Public Health Nurse stated that it was recommended to follow Public Health Ontario's document, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes." They also stated that all staff, including screeners, were expected to wear a medical mask at all times, including when in the front entrance vestibule, with no exceptions.

There was a risk to the residents as a result of the IPAC program not being updated and the screeners not wearing the required PPE in accordance with evidence-based practices.

Sources: Observations, Interview with a Public Health Nurse, and Public Health Ontario's, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes." [s. 229. (2) (d)]

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 infection prevention and control program has been updated to reflect the personal protective equipment (PPE) required for screeners in accordance with evidence-based practices, to be implemented voluntarily.

Issued on this 16th day of December, 2021

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

Original report signed by the inspector.



**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**

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 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
Dec 13, 2021	2021_961243_0007	012900-21, 016781-21	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

ANGELA FINLAY (705243), CHRISTINA LEGOUFFE (730)

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): December 1, 2, 3, 6, 7, and 8, 2021.

**The following Complaint intakes were completed within this inspection:
Log #016781-21, related to resident restraining and responsive behaviours;
Log #012900-21, related to resident care concerns.**

Critical Incident inspection #2021_961243_0006 was done concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Directors of Care (ADOCs), the Physiotherapist, the Registered Dietitian, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), the Social Worker, the Manager of Community Life, and a resident.

The inspectors also made observations, and reviewed health records, policies, investigation notes, and other relevant documentation.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Responsive Behaviours
Skin and Wound Care**

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

**2 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. 30. Protection from certain restraining

Specifically failed to comply with the following:

s. 30. (1) Every licensee of a long-term care home shall ensure that no resident of the home is:

- 1. Restrained, in any way, for the convenience of the licensee or staff. 2007, c. 8, s. 30. (1).**
- 2. Restrained, in any way, as a disciplinary measure. 2007, c. 8, s. 30. (1).**
- 3. Restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 4. Restrained by the administration of a drug to control the resident, other than under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**
- 5. Restrained, by the use of barriers, locks or other devices or controls, from leaving a room or any part of a home, including the grounds of the home, or entering parts of the home generally accessible to other residents, other than in accordance with section 32 or under the common law duty described in section 36. 2007, c. 8, s. 30. (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was not restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty described in section 36.

A resident was noted to have exhibited some responsive behaviours and was restrained by staff with the use of a physical device.

The resident did not have the use of physical restraints included in their plan of care.

Staff were disciplined by the home related to this incident. The discipline letters sent by the home to the staff members involved stated that the staff had unreasonably restrained the resident, and that the staff had violated the homes restraints policy.

In separate interviews with two RPNs, they stated that the use of the physical device was inappropriate and did not follow the homes policy. An ADOC stated that the use of the physical device was a restraint in this instance and that with any restraint there is a risk of harm.

Sources: Interviews with two RPNs, and an ADOC, review of the residents clinical records, the homes investigation notes and discipline letters. [s. 30. (1) 3.]

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 resident is restrained by the use of a physical device, other than in accordance with section 31 or under the common law duty as described in section 36, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Findings/Faits saillants :

1. The licensee has failed to ensure that an incident of improper care or improper treatment that resulted in a risk of harm to a resident was immediately reported to the Director.

A resident was noted to have exhibited some responsive behaviours and was restrained by staff with the use of a physical device.

In an interview with an ADOC, they stated that management became aware of this incident on the date it occurred, started an investigation right away, and the investigation was completed after interviewing the staff involved. As per the homes investigation notes, the interviews with the staff involved took place two days after the incident.

In separate interviews with two different RPNs, they both stated that the use of the physical device as a restraint in this instance was an inappropriate way to manage a residents behaviours. The ADOC also stated that the home found that the use of the physical device was a restraint, disciplinary actions were taken, and that with any restraint there is a risk of harm.

No critical incident report was submitted by the home to the Director related to this incident.

Sources: Interviews with an ADOC, and two RPNs, and record review for the resident. [s. 24.]

Issued on this 16th day of December, 2021

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

Original report signed by the inspector.