

## **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 16, 2022 to May 15, 2023  
**Date:** June 20, 2023

### **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:**

- September 19, 2022, Director's Report, May 16, 2022 to August 15, 2022
- December 12, 2022, Director's Report, August 16, 2022 to November 15, 2022

#### **2.0 Service Provision Statistics:**

<b>Occupancy Average November 1, 2022 to April 30, 2023</b>	<b>Number of Individuals on Waiting List as of May 15, 2023</b>
97.84%	Basic – 380 Private - 197

#### **3.0 Ministry Inspections/Visits:**

The Ministry of Long-Term Care visited the Dearness Home on February 22, 23, and 24 2023 to conduct a Critical Incident Review related to a fall and a Complaint Review related to care concerns. There were no findings. A copy of the Public Report can be found under Appendix A.

The Ministry of Long-Term Care visited the Dearness Home on March 20, 2023 to conduct a Complaint Inspection related to duty to protect. There were no findings. A copy of the Public Report can be found under Appendix B.

The Middlesex-London Health Unit visited the Dearness Home on November 16, 2022 to conduct a Compliance Inspection. There were no findings.

The Middlesex-London Health Unit visited the Dearness Home on March 30, 2023 to conduct a Compliance Inspection. There were no findings.

The Ministry of Labour visited the Dearness Home on January 18, 2023 to conduct an Occupational Health and Safety Compliance Inspection related to the Safe Transition/Transfer of Care Initiative, focusing on workplace violence prevention during the transition and transfer of care in health care settings. There were no findings.

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
<p>An outbreak of a reportable Disease:</p> <ul style="list-style-type: none"> <li>• Rhinovirus</li> <li>• Respiratory Syncytial Virus (RSV)</li> <li>• Covid-19</li> </ul>	<p>A Rhinovirus outbreak on 1 East, Oakdale, was declared on November 25, 2022 and resolved on December 5, 2022. There was minimal resident impact.</p> <p>A Rhinovirus outbreak on 5 East, Birch Walk, was declared on January 20, 2023 and resolved on January 4, 2023. There was minimal resident impact.</p> <p>An RSV outbreak on 1 East, Oakdale, was declared on December 30, 2022 and resolved on January 6, 2023. There was minimal resident impact.</p> <p>A Covid-19 outbreak on 1 East, Oakdale, 2 East, Maple Place, 2 West, Walnut Court and 3 East, Poplar Green was declared on January 31,</p>	<p>Daily surveillance and infection control measures are in place to minimize a chance of outbreak and/or duration of outbreak.</p>

Incident Type and Number (n) of Incidents	Issues	Status
<ul style="list-style-type: none"> <li>Parainfluenza</li> </ul>	<p>2023 and resolved on March 9, 2023. There was minimal resident impact.</p> <p>A Parainfluenza outbreak on 4 East, Willow Way, and 4 West, Pine Grove, was declared on March 20, 2023 and resolved on April 17, 2023.</p> <p>A parainfluenza outbreak on 2 East, Maple Place, was declared on May 3, 2023 and remains in outbreak.</p>	
Fall with Injury (2)	Fractures include one left hip and one right shoulder fracture.	<p>Fall Statistics:</p> <ul style="list-style-type: none"> <li>23.0% of residents fell between November 16 and November 30, 2022.</li> <li>53.9% of residents fell in December, 2022.</li> <li>35.3% of residents fell in January, 2023.</li> <li>29.6% of residents fell in February, 2023.</li> <li>37.4% of residents fell in March 2023.</li> <li>28.3% of residents fell in April, 2023.</li> <li>13.9% of residents fell between May 1 and May 15, 2023.</li> <li>33.6% of residents that fell were found on the floor.</li> <li>81.7% had no injury.</li> <li>12.9% had temporary injury.</li> <li>2.8% were transferred to hospital.</li> </ul>

### 5.0 Infection Control:

- The Home's new Infection Prevention and Control (IPAC) lead has settled well into her position and has made some progress within our infection control

program. She has implemented the hairdressing, housekeeping, laundry, kitchen, construction, and skin and wound audits.

- 300 infection control audits were completed during the reported period that included hand hygiene, personal protective Equipment (PPE) and Breakroom audits with over 200 staff being subject to these audits. The audits look for appropriate use and the auditor provides on the spot education and training if or when an issue is noted.
- In January the Home obtained an Adenosine Triphosphate (ATP) machine for the IPAC program. The ATP machine analyzes a sample taken from a tested surface and highlights the bacteria, germs, food residue, and any allergens that might be present on the test swab. This information will help the Home to determine critical surface areas for cleaning and sanitizing which analyzes a swab taken from a surface object and gives a reading of how many particles were found. This represents the possibility of a virus or bacteria on an object which guides us in high touch areas for cleaning.
- The Home has continued to review and develop policies and procedures with a best practice focus (i.e. Fan Policy, General Outbreak Procedure Policy, COVID Outbreak Procedure Policy, IPAC Ethics Policy etc).
- The Home continues to promote COVID vaccinations to staff and residents. With the new Directive, residents will be offered the COVID bivalent vaccine every 6 months. The Home has removed the vaccination requirement mandate for all staff and we brought roughly 6 staff back to work at the end of March. The Bivalent booster offers additional protection as it is derived from both the original strain of COVID as well as the strain derived from the BA.5 omicron variant.
- As of May 12, 2023, less than 4% of residents cannot or have chosen not to be immunized against COVID-19.
- Staff flu vaccines continued to decline from 2 years ago. 40% of staff decided to receive the vaccine this year. This was attributed to vaccine fatigue. We have meetings scheduled with our Public Health partners and Medical Director to review this coming Fall's flu vaccine campaign. We have also added this to our quality improvement initiatives for 2023.

## 6.0 Covid-19 Update:

On Mar 31, 2023 the Ministry of Long-Term Care released an update to their Pandemic Response Guidance documents with changes taking effect immediately. Several areas of the guidance were updated including changes in:

- **Asymptomatic Screen Testing:** No longer required for staff, students, volunteers, support workers, care givers and visitors. In addition, the Home no longer needs to track and maintain asymptomatic statistical information.
- **Outdoor Masking:** Masking is no longer required outdoors for visitors; care takers and residents.
- **Resident Screening and Daily Temperature Checks:** The Home will continue to monitor residents daily for any infectious agents but we are no longer required to take daily temperature checks.
- **Visitor Screening:** Moved to passive screening. Dearness has continued to have security guards at the front entrance to aid in the transition for caregivers and general visitors.
- **Visitors during a COVID-19 Outbreak:** The previous limit of 1 visitor per resident has been removed; however, the requirements for social distancing have not. The Home will continue to allow up to 4 visitors in any given resident's room.
- **Activities/ Physical Distancing:** The Home is no longer required to social distance resident during activity programs. This change was implemented to support resident's physical and mental wellbeing.
- **COVID-19 Vaccinations:** Staff and visitors are no longer required to be vaccinated against COVID-19 to enter the Home.
- **COVID-19 Outbreak Reporting:** Homes are no longer required to submit daily COVID-19 outbreak data to the Ministry.

- **Asymptomatic testing for residents:** Homes are no longer required to test for new resident admissions or transfers.
- **Reporting:** Homes are no longer required to report staff cases to Public Health unless connected to an outbreak unit.

## **7.0 Health and Safety:**

The Occupational Health and Safety (OHS) Committee continues to meet in a modified form that includes virtual attendance via Microsoft Teams. All Committee members can attend through this method, which also reduces the risk of transmitting any undetected infection. 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. The Home's dietary manager has taken the role of Management Co-Chair and the team recruited a recreation and housekeeping staff to join the Health & Safety Committee.

## **8.0 General Updates:**

### **8.1 Highlights in the Recreation Department:**

- The Home has reopened to all visitors; we no longer require a scheduled visit or proof of vaccination. All visitors are required to wear a mask and self screen before entering the Home. In the event that a home area has a Covid-19 outbreak we still offer the essential caregiver training to allow visitors to continue to visit their loved ones in that home area.
- The Home's Accreditation Survey in December 2022 resulted in a 3-year award complemented by a 100% compliance report with no recommendations. This achievement is awarded to 3% of all international CARF surveys.
- The Home's new auditorium had its first event for a Mother's Day Social on May 12. It was very exciting to start to use our new space with over 70 residents and family, volunteers and staff.
- A new Resident Council was voted in place for the next annual term for 2023-2024.
- The recreation department program funding increase directly provided by the government resulted in 1 additional new full time Recreation Coordinator and 2 new permanent part time Recreation Coordinators. These new positions will enhance programming with a goal to ensure a full time staff now oversees Oakdale (our Dementia Home Area) as well as ensure every 5 FT Rec staff have a partnering permanent PT staff covering the 5 floors for more staff consistency for our residents and family. One new PT staff will offer more evening program coverage as well as support planning coverage for staff to be creative in their events as we enhance the use of our new auditorium. These new additional staff also enable full coverage of 5 staff 7 days a week.
- The Home's annual Satisfaction Survey was completed by 142 participants. Both Family and Resident Councils will receive the Management Action Plans for areas scoring under 80% satisfaction.
- The recreation department recruited 2 new St. John Pet Therapy Dogs for our resident programming.
- Our Volunteer Coordinator recruited 8 new volunteers as well as ran a successful Volunteer Appreciation event for our Dearness Volunteers for their special month of appreciation in April.
- The Recreation Team recertified in Smart Serve prior to the June deadline of the new 5 year certification rule.

### **8.2 Highlights in the Dietary Department:**

- The Home's 2nd floor started using the Menustream program as we continue to roll this out home-wide.
- Menustream training was provided for the Cooks team.
- 2 new staff members were hired to join the Dietary Team.

- The dietary department provided the residents with Christmas, New Years, Valentines, Easter, Cinco de Mayo and Mother's Day meals as well as seasonal treats. The Summer BBQ series will restart in May.
- The Home's Food Service Supervisor attended the Sysco food show along with a member of the cooks team.
- The steam table on the 5<sup>th</sup> floor was replaced to allow the best food quality for the residents.
- The Resident Food Committee continues to meet monthly to provide feedback to the dietary team.

### 8.3 Highlights in the Nursing Department Include:

- During the Month of November, in collaboration with members of the Parkwood Mental Health team, we held Mental Health Training for staff who routinely work on our secured unit. In recent years, there has been a noted trend in the increasing complexity and aggression of the residents admitted to this unit with varying mental health disorders. Our staff received training on how to respond to these residents and deescalate situations to prevent injuries and increase the staff's confidence in caring for these individuals.
- In December, the new Dearness Positive Culture Committee (PCC) held its first meeting. The PCC is an initiative started by the Director of Care (DOC), and the Unifor Union Chair. Both the Union Chair and the DOC strongly believed that workplace cultural improvement requires collective action and dedication from not only the management team, but also the unions and the staff. As such, it was imperative for both the DOC and the Union Chair to act as co-chairs for this committee and demonstrate to the staff, a mutual respect and dedication to the wellbeing of the Home. The committee officially launched to the Home on February 22<sup>nd</sup>, also known as Pink Shirt/Anti-Bullying Day. For the launch, the committee revealed a new pink *Positive Culture Corner* bulletin board, where staff can leave positive/encouraging messages to one another on a whim (located right outside the staff room) and handed out pink cookies. In early April, the committee also held a staff Spring Chocolate Egg Hunt. Committee members dressed as rabbits and hid chocolate eggs throughout the staff areas of the Home on all 3 shifts.
- On January 25, our Responsive Management Consultant presented a summary of findings made during their observations of our Registered Practical Nurse (RPN) and Registered Nurse (RN) staff in October and November of 2021. The presentation and follow-up from the observations were delayed due to the pandemic. Along with much praise for the hard work of our staff, the consultants also had several recommendations to help the home improve workflow, efficiency, and ensure all staff are using their work time in the most engaging, fulfilling, and collaborative ways possible. Over the coming months we will be implementing many of their recommendations. The timing of this implementation also coincides with the changes in the new Fixing Long Term Care Act and the new funding provided by the government to implement these changes, which includes changes to staffing. The Home will be starting with a new RN position focused on admissions and care conferences, followed by a new Nurse Practitioner, Assistant Director of Care, Float Personal Support Workers (PSWs), Staff Educator, PSW Auditors, and RPN Auditors.
- At the end of March, our annual mandatory Quality Improvement Plan (QIP) was submitted to Health Quality Ontario. Our Continuous Quality Improvement (CQI) team have chosen, for the 2022/23 Quality Improvement Plan (QIP), to focus on and address the Health Quality Ontario (HQO) identified priority areas of Potentially Avoidable Emergency Department Visits, Resident Experience in terms of "Having a Voice" and "Being Able to Speak Up About the Home", and Potentially Inappropriate Antipsychotic Use. In accordance with HQO, our team believes these priority areas are important to the overall health care system and have been particularly impacted by COVID-19 and require attention to support the health system recovery. For this QIP, the Dearness Home will strive towards meeting an

in-house established respectable theoretical best target with respect to ED visits and resident experience, and the provincial benchmark for potentially inappropriate antipsychotic use. Our strategic direction and the initiatives that support it also align with our Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation Standards and meet the requirements of our Long-Term Care Service Accountability Agreement (LSAA).

- On May 5, Dearness participated in the National Day of Awareness for Missing and Murdered Indigenous Women, Girls and 2 Spirited People. Our Director of Care, who is one of the founding members of the Indigenous ERG, led a ceremony, which included a smudge and drumming and singing, while two red dresses were hung in a tree on the front lawn of the Dearness Home. Many of the Indigenous ERG members participated, along with several staff and residents. Red Dress Day pins were also provided for staff to wear in memory of the missing and murdered.

#### **8.4 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 personal protective equipment (PPE).
- Close monitoring and inventory tracking of all PPE continues using the Covid-19 Critical Supplies and Equipment (CSE) Survey which is completed weekly on Mondays and Thursdays. This tracking process will continue until further notice.
- The housekeeping department hired several new staff and added a float shift 7 days a week to maintain quality of service.
- The maintenance department trained 2 staff from other departments as emergency backup.
- The nurse call system replacement project is approaching completion with a tentative completion date of June 2023.
- The replacement of the facility door control system is approaching completion with a tentative completion date of June 2023.
- The construction of the new auditorium has been completed and the handover date is scheduled for May 12.
- Off-site storage is ongoing to ensure safe storage of items not needed for immediate use.

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

CC: L. Livingstone, City Manager  
F. Juweto, Financial Business Administrator  
J. Millman, Senior Financial Business Administrator  
L. Marshall, Solicitor  
A. Hagan, Manager, Labour Relations  
K. Beaune, Employee Relations Advisor



**Ministry of Long-Term Care**  
 Long-Term Care Operations Division  
 Long-Term Care Inspections Branch

**Inspection Report Under the  
 Fixing Long-Term Care Act, 2021**

**London District**  
 130 Dufferin Avenue, 4th Floor  
 London, ON, N6A 5R2  
 Telephone: (800) 663-3775

### Original Public Report

<b>Report Issue Date:</b> March 1, 2023	
<b>Inspection Number:</b> 2023-1539-0002	
<b>Inspection Type:</b> Complaint Critical Incident System	
<b>Licensee:</b> The Corporation of the City of London	
<b>Long Term Care Home and City:</b> Dearness Home for Senior Citizens, London	
<b>Lead Inspector</b> Rhonda Kukoly (213)	<b>Inspector Digital Signature</b> Rhonda Kukoly <small>Digitally signed by Rhonda Kukoly Date: 2023.03.01 10:17:18 -05'00'</small>
<b>Additional Inspector(s)</b> Ina Reynolds (524)	

### INSPECTION SUMMARY

The inspection occurred on the following date(s):  
 February 22, 23, 24, 2023

The following intake(s) were inspected:

- Intake #00001744, Critical Incident #M514-000020-22, related to a fall
- Intake #00003430, Critical Incident #M514-000019-22, related to a fall
- Intake #00012642, a Complaint related to care concerns and falls prevention
- Intake #00014216, Critical Incident #M514-000025-22, related to a fall
- Intake #00015349, Critical Incident #M514-000027-22, related to a fall
- Intake: #00018103, a Complaint related to care concerns
- Intake: #00018351, a Complaint related to care concerns

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

Resident Care and Support Services  
 Infection Prevention and Control  
 Falls Prevention and Management





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130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

## **INSPECTION RESULTS**

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.



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**London District**  
 130 Dufferin Avenue, 4th Floor  
 London, ON, N6A 5R2  
 Telephone: (800) 663-3775

<b>Original Public Report</b>	
<b>Report Issue Date:</b> March 21, 2023	
<b>Inspection Number:</b> 2023-1539-0003	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> The Corporation of the City of London	
<b>Long Term Care Home and City:</b> Dearness Home for Senior Citizens, London	
<b>Lead Inspector</b> Ina Reynolds (524)	<b>Inspector Digital Signature</b> <b>Ina Reynolds</b> <small>Digitally signed by Ina Reynolds Date: 2023.03.21 12:53:18 -04'00'</small>
<b>Additional Inspector(s)</b>	

<b>INSPECTION SUMMARY</b>
The inspection occurred onsite on the following date(s): March 20, 2023.
The following intake(s) were inspected: <ul style="list-style-type: none"> <li>Intake: #00021748 a complaint related to duty to protect.</li> </ul>

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect

### INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were no findings of non-compliance.