

# Long-Term Care Home Inspections: Concerned Friends 2022 Report Card

**The purpose of government inspections of Long-Term Care Homes** (previously known as the Long-Term Care Quality Improvement Program: LQIP) **is to:**

- protect over 78,000 residents in over 600 Long-Term Care Homes in Ontario;
- safeguard resident rights, safety, security and quality of life; and
- ensure that the Long-Term Care Homes are complying with legislation and regulations.

Homes are required to report critical incidents and complaints to the Ministry of Long-Term Care, specifically the Inspections Branch. There is a triage process to deal with the most serious issues first. An inspection may take several days or more and deal with a number of reports of critical incidents and/or complaints, received by the Ministry concerning the home.

**The inspector is looking for compliance with the legislation and regulations** (103 pages, 202 sections with many subsections, <https://www.ontario.ca/laws/statute/21f39>) and with **Residents' Rights** which underpins everything. The full version includes 29 statements with many sub-sections. <https://www.cleo.on.ca/en/publications/everyles/all>

Below are the five overarching rights:

- 1) RIGHT TO BE TREATED WITH RESPECT;
- 2) RIGHT TO FREEDOM FROM ABUSE AND NEGLECT;
- 3) RIGHT TO AN OPTIMAL QUALITY OF LIFE;
- 4) RIGHT TO QUALITY CARE AND SELF-DETERMINATION; AND
- 5) RIGHT TO BE INFORMED, PARTICIPATE, AND MAKE A COMPLAINT.

**An inspection includes:**

- Structured interviews with residents, family members and staff;
- Direct observations of how care is being delivered;
- Reviews of records on residents;
- Use of certified inspectors in a team to support consistency;
- Inspection Protocols are used to help determine if the Regulations are being met;
- Questionnaires and protocols are available to homes; and
- Technology and professional training support inspectors.

## What can we learn from reports on the 2022 home inspections?

**The number of inspections** has been fewer every year since 2019, when 2,644 inspections were completed. In 2022, only 1,642 inspections were completed, even though we counted all types of inspections shown on each inspection report. Previously each inspection report designated one type of inspection. Beginning in April 2022, two or three types of inspections may be noted on one report. (TABLE 1: Inspection TYPES by Service Area)

**Proactive Compliance Inspections (PCIs):** PCIs were started in 2021 to replace the Resident Quality Inspections done under previous governments. PCIs inspect all the regulations and all aspects of care, not just those related to the complaint or critical incident reported. *Only 17 proactive compliance inspections were done in 2021 and 61 in 2022 for over 600 homes.* Although there has been an increase, the number is very disappointing. Concerned Friends would like to see many more proactive inspections, and that all Long-Term Care homes receive a proactive inspection in 2023. This should be possible, given the increased number of inspectors hired this past year.

**The number of Compliance Orders (COs)** has decreased from 2018-2019, by 33% or more. Considering the difficulties uncovered by COVID-19, it is hard to credit the decrease to improved performance. (TABLE 2: Inspection RESULTS by Service Area) When a compliance order is given, the Long-Term Care home needs to respond within a specified time period, stating how they are now in compliance with the specified legislation/regulation.

**The number of Written Notifications (WNs)**, however, has increased since 2020, especially if combined with Non-Compliances Remedied (NCRs) introduced in 2022, from 2,844 to 3,872 (36%). Written notifications state how the Long-Term Care home is not meeting a specified legislation/regulation, but the Long-Term Care home does not need to respond to the Ministry.

**The follow-up performed by the Ministry following compliance orders** has been positive for 2022, better than 2021. For 2022, 75% of compliance orders have been followed up as of March 31, 2023. In 2021, only 64% of compliance orders had been followed up as of November 2022. However, this does mean that 36% of 2022 compliance orders had not been followed up by April of 2023. Nevertheless, the improvement is good to see. (TABLE 3: Follow-ups 2022 and 2021)

There are inexplicably **wide variations among Service Area Offices (SAOs)** even though the number of homes for which each office is responsible is almost the same (between 87 to 94 homes). Some examples include: the number of inspections per SAO ranges from 152 to 299 (almost twice as many done by Ottawa SAO compared to London SAO); the number of Compliance Orders ranges from 38 to 164, the number of Written Notifications from 322 to 766.

With regard to types of non-compliances, from our analysis, *infection control* stands out as the most frequent compliance order (TABLE 5). The Ministry of Long-Term Care issued new

directives during the pandemic and directed inspectors to take note of infection control requirements in every inspection. In 2022 Concerned Friends set up a separate category for infection control non-compliances for our analysis of inspection reports.

## Our Conclusions

It is difficult to draw firm conclusions from the inspection reports. But it is clear that many homes have difficulty meeting the regulations and that better oversight is needed along with system-wide changes to improve the Long-Term Care Home's ability to meet the regulations, such as more regulated professionals and other resources including increased funding. With the increased number of inspectors, Concerned Friends hopes and anticipates that there will be more proactive inspections and closer follow-up on non-compliances.

## Definitions of Levels of Enforcement

A **Compliance Order** will be issued when a non-compliance is identified as significant impact or risk to a single resident's health, safety or quality of life, or moderate impact or risk to multiple residents. The inspector specifies what the home must do by a certain date.

A **Written Notification (WN)** marks a less serious issue, a single occurrence, something with low risk, but to which the home needs to give attention.

**Non-Compliance Remedied: (NCR)** was introduced in 2022 with the new regulations. When a non-compliance is identified as having no impact and no or low risk to residents, it may be considered Remedied Non-Compliance by the inspector with no further actions issued if:

- The long-term care home demonstrates that they have remedied the noncompliance during an inspection, and;
- The inspector is satisfied that the long-term care home is now in compliance.

**Director Referrals** are much rarer than compliance orders (COs). An inspector may make a Referral to the Director in cases of:

- Repeated non-compliance;
- Non-compliance with a Compliance Order for the second time;
- Inability to achieve compliance: If an inspector has concerns that the licensee cannot or is unwilling to achieve compliance;
- Action required beyond the inspector's authority that requires the Director's involvement.

**The Director's involvement** may result in further enforcement action(s) such as:

- Director's Order;
- Administrative Monetary Penalties;
- Order Requiring Management;
- Cease of Admissions; and/or

- License suspension or revocation and appointing supervisor.

The number of Referrals to the Director has decreased considerably since 2018 (56, then 20 in 2020 and 10 in 2022). It is possible that this is because of the application of administrative monetary penalties.

**Administrative Monetary Penalties (AMPs):** An AMP is automatically issued for failure to comply with a requirement resulting in a compliance order, and during the previous three years the licensee failed to comply with the same requirement. AMPs are considered “non-punitive”. In 2022, a total of 54 AMPs were issued to 35 homes amounting to over \$183,700. According to our records, 17 AMPs were for \$5,500 (Infection Control and Duty to Protect) and 25 were for \$1,100 (other issues). A couple of times, the AMP was doubled for the same issue on follow-up. (TABLE 4: AMPs 2022 Detail).

### NON-Compliance Categories 2022 used in Concerned Friends’ analysis

Concerned Friends categories were developed over many years, and do not precisely align with the terms in the regulations (refer to Non-Compliance Categories 2022). For more detail about compliance orders categories into Concerned Friends categories, refer to Table 5: 2022 Cos DRs Dos by Non-Compliance Category).

The categories in Concerned Friends’ analysis are:

1. **Nursing and Personal Care** includes general nursing care, continence care, falls prevention care, wound and skin care, weight care management, pain management.
2. **Care Plans** includes assessment & reassessment of resident needs, implementation of plan, accessibility to care staff, reviews and revisions as necessary, interdisciplinary care conferences which include resident and family, and complete, accurate documentation.
3. **Resident Rights** includes the right to dignity, privacy, respect, individuality, and freedom from abuse (except for #9 below), including resident to resident abuse and responsive behaviours; consent to treatment; appropriate resident activities and programming; bathing/grooming.

Also Restraint Use issues such as resident/family consent, doctor’s order, repositioning, and required documentation.

Also Resident/Family Council issues such as timely written response to concerns, supporting & consulting with councils as required.

4. **Medication** includes orders signed for by appropriate personnel, storing, documenting, dispensing, and evaluation of medication use.

5. **Dietary** includes all issues related to nutrition, hydration and meal service and meal preparation.
6. **Infection Protection and Control (IPAC)** includes hand hygiene, PPE use as required, screening, labeling personal hygiene items, posting notices.
7. **Safety/Hazards Other** includes any practice that could contribute to risk or injury, such as **unsafe transfers**, bed rails, water temperature safety, poor disaster plans, unlocked doors, call bells.
8. **Maintenance Issues** includes maintenance, housekeeping issues and general cleanliness as well as unclean or inadequate linen and supplies.
9. **Facility Management** includes staffing issues, staff training, information provided to residents, and critical incident reporting, handling complaints, issues related to refusing applications.

Also Quality Assurance such as policy & program development, implementation and evaluation, including abuse policies.

#### 10. Staff Abuse and Neglect of Residents

### TABLES

	COs in 2022		2021	2020	2019	2018
Infection Control	102		included in Other Safety Hazards			
Other Safety Hazards	60		169	106	94	104
Nursing and Personal Care	67		109	83	106	101
Care Plan	37		56	69	117	84
Medication Management	48		49	42	72	54
Facility Management	60		79	98	208	202
Maintenance	14		17	16	26	14
Staff Abuse and Neglect	38		64	60	included in Residents' Rights	
Residents' Rights	32		54	61	156	134

**TABLE 1: 2022 Inspection Types by Service Area Office (SAO)**

Service Area Office(SAO)	No. of Homes in SAO	2022 Number of Each Type of Inspection					2021 Number of Each Type of Inspection					2020 Number of Each Type of Inspection					2019 Number of Each Type of Inspection								
		CIS	Cmpl	Other	PCI	FU	Totals	CIS	Cmpl	Other	PCI	FU	Totals	CIS	Cmpl	Other	RQI	FU	Totals	CIS	Cmpl	Other	RQI	FU	Totals
London	89	86	37	1	9	19	152	88	50	4	5	13	160	106	67	11	0	7	191	279	156	9	0	37	481
Central West	89	112	81	2	10	28	233	127	86	11	3	34	261	175	88	19	0	37	319	132	99	7	0	59	297
Hamilton	93	95	83	7	11	35	231	104	68	6	2	12	192	130	91	1	0	31	253	187	157	4	2	55	405
Toronto	87	119	105	2	12	28	266	120	93	4	2	21	240	134	109	3	0	11	257	174	163	4	0	26	367
Central East	89	101	78	5	4	42	230	163	91	10	1	17	282	158	100	2	0	16	276	121	116	3	1	18	259
Ottawa	94	151	119	3	6	20	299	178	140	4	2	19	343	161	124	2	0	16	303	242	184	5	0	21	452
Sudbury	88	103	74	18	9	29	233	139	89	19	2	60	309	136	80	19	0	52	287	181	91	18	7	86	383
<b>TOTALS</b>	<b>629</b>	<b>767</b>	<b>577</b>	<b>38</b>	<b>61</b>	<b>201</b>	<b>1644</b>	<b>919</b>	<b>617</b>	<b>58</b>	<b>17</b>	<b>176</b>	<b>1787</b>	<b>1000</b>	<b>659</b>	<b>57</b>	<b>0</b>	<b>170</b>	<b>1886</b>	<b>1316</b>	<b>966</b>	<b>50</b>	<b>10</b>	<b>302</b>	<b>2644</b>

**LEGEND:** CIS Critical Incident System  
 Cmpl Complaint  
 Other variable  
 PCI Proactive Compliance Inspection (sometimes shortened to Proactive Inspection)  
 FU Follow up (on compliance orders)

**NOTES:** 1. In 2022 inspectors started doing more than one inspection type on the same report, i.e. a Critical Incident System (CIS) inspection and a complaint (Cmpl) inspection on the same report. We count this as two inspections.

**TABLE 2: 2021 Inspection Results by Service Area Office (SAO)**

**Non-Compliances by Service Area Office**

Service Area Office (SAO)	No. of Homes in SAO	2022 Number of Each Non-Compliance						2021 Number of Each Non-Compliance					2020 Number of Each Non-Compliance					2019 Compliance Orders		2018 Compliance Orders	
		NCR	WN	VPC	CO	DR	DO	WN	VPC	CO	DR	DO	WN	VPC	CO	DR	DO	CO	DR	CO	DR
London	89	17	379	78	66	0	4	408	218	119	2	0	245	146	78	2	0	135	8	89	4
Central West	89	33	472	76	54	3	0	431	273	111	8	2	345	184	101	10	2	198	26	124	6
Hamilton	93	63	619	87	77	0	0	516	274	64	0	0	337	179	49	0	1	119	6	120	6
Toronto	87	98	572	102	46	2	0	492	306	81	1	2	501	307	87	7	3	105	1	101	4
Central East	89	27	766	159	164	4	1	762	431	186	5	2	523	327	75	0	1	75	1	63	1
Ottawa	94	26	447	73	38	0	0	391	269	26	1	0	414	202	46	2	0	49	3	90	14
Sudbury	88	33	322	54	38	1	0	545	338	68	3	1	479	258	134	4	0	124	9	131	21
<b>TOTALS</b>	<b>629</b>	<b>297</b>	<b>3577</b>	<b>629</b>	<b>483</b>	<b>10</b>	<b>5</b>	<b>3545</b>	<b>2109</b>	<b>655</b>	<b>20</b>	<b>7</b>	<b>2844</b>	<b>1603</b>	<b>570</b>	<b>25</b>	<b>7</b>	<b>805</b>	<b>54</b>	<b>718</b>	<b>56</b>

**LEGEND:** Non Compliances are listed below in increasing seriousness.

**NCR** Non-Compliance Remedied (while the inspector was on site)  
**WN** Written Notice  
**VPC** Voluntary Plan of Correction  
**CO** Compliance Order  
**DR** Referral to the Director of Compliance  
**DO** Director's Order

**NOTES:** 1. During 2022, inspectors stopped using VPC, but started using NCR.  
 2. Prior to 2020, Reviewers were recording COs from all inspections.  
 WNs and VPCs were recorded from Resident Quality (proactive) inspections only.

**TABLE 3: Follow-up on Compliance Orders by Ministry of Long Term Care (MLTC)**

Compares follow-up on 2022 compliance orders (COs) by March 31, 2023  
with follow-up on 2021 compliance orders by November 7, 2022

Service Area Office (SAO)	# Cos in 2022	Followed Up by MLTH	Not Due as of January 30, 2023	%age Not Followed-Up by Mar. 31, 2023	# Cos in 2021	Followed Up by MLTH	Not Followed-Up By Nov. 7, 2022	%age Not Followed-Up by Nov. 7, 2022
Central West	54	41	4	17%	110	61	49	44.5%
Hamilton	77	54	7	21%	72	49	24	31.9%
Toronto	46	31	7	17%	82	67	15	18.3%
Central East	165	69	30	40%	186	130	66	30.1%
Ottawa	38	21	9	21%	26	21	5	19.2%
Sudbury	38	36	2	0%	68	66	2	2.9%
<b>TOTAL</b>	<b>484</b>	<b>302</b>	<b>61</b>	<b>25%</b>	<b>663</b>	<b>423</b>	<b>251</b>	<b>36.2%</b>

TABLE 4		2022		Administrative Monetary Penalties							AMPs	
An AMP is issued for failure to comply with a requirement, resulting in a compliance order, and during the previous three years the licensee failed to comply with the same requirement.												
Service Area Office	Name of Home	Ownership of Home			Amount of Administrative Monetary Penalty (AMP)						Non-Compliance Issue	
		Municipal	Non-Profit	For-Profit	\$500	\$1,100	\$2,200	\$5,500	\$11,000	\$16,500		
LONDON	Carissant Care Woodstock			1		1						Med policies not followed and Pharmacist not at meetings; not reporting injuries to SDM*, Medication Administration and Incident Documentation (3 residents)
	Henley Place			1				3				
	McCormick Home		1			1						
	Vision Nursing Home		1			1						No plan for Air Conditioning
CENTRAL WEST	Chartwell Westmount			1					1			Failure to protect Resident from sexual abuse Order to readmit resident Failure to protect re Res./Res. abuse Skin and Wound Care, Medication not given as prescribed Failed audits of care and serious Failures of Care Repeated failure to protect Res. From abuse.
	Gateway Haven	1				1						
	Golden Dawn		1			1						
	Sunset Manor	1				2		2	1	1		
	Trinity Village		1						1			
HAMILTON	Albright Gardens			1		2						Response to Call bells, Covid-19 screening Reinspection Fee
	Queen's Garden		1			1						
TORONTO	Garden Court			1		1						Unsafe transfers documentation, skin and wound Air temperature measures; still not in compliance on 2nd follow-up Falls Management Failure to protect re Res./Res. abuse; hand hygiene and PPE
	Ina Grafton Gage		1			1		1				
	Mississauga LTC			1		1	1					
	The Kensington Gardens		1			1						
	Woodbridge Vista			1				2				
CENTRAL EAST	Carissant Care Lindsay			1		2		2				Labelling personal items; unsafe eating position; carere: suspected head injury; IPAC** various Not following IPAC procedures Failure to complete audits re IPAC procedures Not following IPAC procedures Falls management Not following IPAC procedures
	Carissant Care on McLaughlin Rd.			1				1				
	Golden Plough	1				1		1				
	Mariann Home		1			1						
	Mon Sheong Richmond Hill		1			1						
	St. Josephs at Fleming		1			1						
OTTAWA	Sherwood Park			1		1						incorrect nutritional care
SUDBURY	Bethammi Nursing Home		1					1				Responsive Behaviours, Resident to resident abuse Reinspection Fee, Unsafe Transfer Duty to Protect from Abuse Duty to Protect from Abuse IPAC hand hygiene & outbreak preparedness, wound care, responsive behaviours
	Extendicare Maple View			1		1	1					
	Hogarth Riverview		1					1				
	Robert Place			1				1				
	Southbridge Roseview			1		4						
Sub-totals		3	12	13	2	25	1	17	1	1		
Number of Homes issued AMPs		28			TOTAL #of AMPs			47			*SDM- Substitute Decision Maker **IPAC: Infection Protection and Control	

TABLE 5: Summary of Compliance Orders and Director Referrals issued in all MOHLTC Inspections during 2018-2022  
By Problem Category (category definitions are available)

SAO	NON-COMPLIANCE CATEGORY																								Totals 2022								
	Nursing & Personal Care			Care Plan			Resident Rights			Medication Issues			Dietary			Infection*** Control (IPAC)			Other Safety Hazards			Maintenance Issues						Facility Management Quality Assurance			Staff Abuse or Neglect**		
	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs	#COs	DRs	DOs			
London	15	0	0	5	0	0	1	0	0	13	0	0	0	0	0	8	0	0	7	0	0	2	0	0	12	0	3	3	0	1	66	0	4
Central West	13	0	0	1	0	0	4	1	0	9	0	0	0	0	0	9	0	0	0	0	0	0	0	0	8	2	0	7	0	0	51	3	0
Hamilton	5	0	0	14	0	0	4	0	0	5	0	0	2	0	0	13	0	0	8	0	0	5	0	0	11	0	0	9	0	0	76	0	0
Toronto	6	1	0	2	0	0	3	0	0	0	0	0	1	0	0	13	0	0	14	0	0	1	1	0	4	0	0	2	0	0	46	2	0
Central East	13	0	0	8	0	0	15	0	0	14	0	0	15	2	0	45	2	0	19	2	0	5	0	0	22	0	1	8	0	0	164	4	1
Ottawa	10	0	0	4	0	0	0	0	0	4	0	0	3	0	0	5	0	0	7	0	0	1	0	0	2	0	0	1	0	0	37	0	0
Sudbury	5	0	0	3	0	0	5	0	0	3	0	0	2	0	0	9	0	0	5	0	0	0	0	0	1	1	0	5	0	0	38	1	0
2022 Totals	67	1	0	37	0	0	32	1	0	48	0	0	23	2	0	102	2	0	60	2	0	14	1	0	60	3	4	35	0	1	478	10	5
2021 Totals	109	3	0	56	2	0	54	1	2	49	1	0	42	1	0	Combined with Other Safety Hazards	169	7	3	17	0	0	79	2	2	64	3	0	639	20	7		
2020 Totals*	83	7	0	69	1	0	61	2	0	42	2	0	45	1	0	Other Safety Hazards	106	4	0	16	1	0	98	2	6	60	4	0	580	24	6		
2019 Totals	106	8	117	10	156	5	72	5	26	2					94	9	26	0	208	15				Included under Resident Rights	805	54	0						
2018 Totals	101	2	84	4	134	11	64	7	25	1					104	7	14	2	202	22					718	56	0						

LEGEND: CO Compliance Order  
DR Referral to the Director (of Compliance)  
DO Director's Order

NOTES: \*\*\* In 2022 we made Infection Control a separate category from Other Safety Hazards.  
\*\* Prior to 2020, Abuse and Neglect by Staff was included in Residents' Rights.  
\* In 2020 there were 6 Directors' Orders (DOs) for Mandatory Management, which are listed under Facility Management. In 2018 and 2019, we did not separate DOs from DRs.