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March 13, 2019

Tim Orr,

Residential Services, Island Health.

Dear Tim Orr:

We are writing to you about what we believe has been a serious failure to follow critical procedures during the recent Norovirus outbreak at Comox Valley Seniors Village, Courtenay, BC during which three persons lost their lives.

We are family members of residents in Wing 1F. Our loved ones are placed in this facility at the sole discretion of Island Health due to severe mobile dementia and other health issues. We hold Island Health accountable to ensure that the facility provides appropriate care and does not, through its negligence, endanger their lives. Given what has occurred, we now need credible evidence that Island Health is working to address the issues with this facility.

We have had **on-going concerns about staffing** problems including a lack of managers in key positions at this facility for over six months. Unacceptable situations such as leaving mobile dementia patients together and unattended as well as 'creative use of furniture' as an unauthorized restraint practice (to abandon a patient for over an hour in the dining room) have been repeatedly observed and reported.

This use of unauthorized restraint, in a manner that can only be described as patient abuse, occurred despite prior contraventions involving unauthorized restraint.

During the past year, the Licensing Officer has received and is investigating **numerous complaints**. This has had no real effect. We have observed the facility make the required changes and subsequently slip back into inappropriate practices. A call last Tuesday from one of us to the medical health officer about our concerns may have prompted action in that the Licensing Officer made an unscheduled inspection on March 7 and ordered the facility to fill the Director of Care position vacant since September by March 21. Despite this level of activity, we could find no reports since March 2018 on Island Health's website.

It seems imperative that this information is made available to the public given the *Community Care and Assisted Living Amendment Act 2018*.

All of this leads to our specific reason for this letter- the Norovirus outbreak at the facility from January 28, 2019 to February 25, 2019. While these types of outbreaks do happen and can be prolonged, we understand that this outbreak was even longer than can be expected due to recurrent infections. We also understand that in most cases, reinfections should be preventable under quarantine conditions if the required cleaning procedures are rigorously followed. We do not believe the facility followed the cleaning procedure properly.

We are concerned that the facility was **not properly cleaned** during the outbreak or at the point of the terminal clean at which point the facility was reopened and is now open to the public. The facility did

not have the management and staff capacity and capability in place to properly manage the outbreak and follow the required cleaning procedures. Past contraventions related to Sec 85 2) b) of the Residential Care Regulation shows the facility has a history of not having policies and procedures in place and the properly trained staff to execute them. Since then, there have been management resignations and staff turnover. The facility has been operating without a Director of Care since September and without a General Manager since October. Recruiting a dietician has proven unsuccessful. There are ongoing challenges to maintain staff levels and the facility frequently operates short of care and housekeeping staff.

These staffing challenges are suspect to us and of the Comox Valley facilities, particular to this one operation. Explanations that it's a difficult employment market for care facilities seem disingenuous given the obvious salary costs saved at a facility known for numerous 'penny pinching' cost savings initiatives. This includes food services which raises concerns about adequate nutrition especially given the lack of a dietician. It raises concerns about food handling safety qualifications and food handling being a possible cause of the outbreak especially as there have been contraventions in other areas i.e., failure to ensure staff have required immunization.

Three patients in wing 1F died (out of 16) as an indirect result of the outbreak – two by pneumonia after noro infection, and one by refusal of food after noro infection. This wing has many residents with mobile dementia, who continually touch the floors because they “see” things there, sometimes dirt, sometimes not. Care aides and LPN's on wing 1F performed whatever cleaning was done in between dealing with multiple cases of very ill patients, some with recurring infection. This does not suggest rigorous, regular interval cleaning following the required procedure. It is likely, as is typical, that they were short-staffed when handling the outbreak and that no extra care staff or support from housekeeping was provided. Our understanding is that the first time the decontamination team came into wing 1F was the night of February 23, 26 days into the outbreak. Given it was 11 pm, it is unlikely that the patients' rooms were cleaned at that time.

Further evidence supporting our concerns that the facility did not follow the required cleaning procedure is that we have determined that the only carpet cleaning during the 29 day outbreak was not steam cleaning as required but vacuuming which is specifically contraindicated in Island Health's procedure.

The facility reported to Gloria Yu, Communicable Disease Environmental Health Officer, in Victoria, regarding outbreak statistics and to some extent, cleaning procedures. To our knowledge there was no other Island Health involvement, check-in, or **oversight** to ensure that the facility was following procedures. We note that in 2013, according to an interview with CBC, Dr. Richard Stanwick "worked closely with the care home [Selkirk Place] to manage the outbreak". It is unconscionable to us that Island Health would not have immediately stepped in to direct this facility's handling of the outbreak and provide additional resources given the known issues with this facility. We were shocked to be told by Ms. Yu that the cleaning procedure is up to the facility and there is no enforcement by Island Health although the medical health officer could intervene but this is never done. We would have thought that Island Health would have a more robust community health risk identification system at the point of contact with a facility under these conditions.

Lastly, we are concerned that Island Health is apparently unclear about and reluctant to exercise its **accountabilities and authorities** regarding oversight of its licensed facilities. It seems that there are no

checks and balances to ensure compliance and that facilities may maximize profit taking from fees paid by Island Health by cutting back required services to the detriment of patient quality of care and without so much as a wrist slap. It seems that wherever the excuse that it's the facility's responsibility can be used to dodge a problem, it will be. This sounds like a complete abdication of responsibility and yet, surely Island Health must know that it can't shield itself from the actions of its subcontractors.

Further, it seems that Island Health's one misplaced priority was for Ms. Yu to build its community health data base rather than ensure that, in the middle of a Norovirus outbreak, sixteen seniors and the general public were as protected as they needed to be. This falls well below "Excellent health and care for everyone, everywhere, every time".

We are therefore requesting the following:

- That you personally take responsibility for a full scale review of this facility and resolution of the problems described and determine if it has been properly cleaned to the standard required for the facility to have been re-opened to the public
- That you immediately put on notice and begin work with this facility on all out-standing issues to bring it to an appropriate standard as soon as possible, with qualified management in place and adequately staffed with people trained and capable to manage an outbreak
- That Island Health exercise all remedies at its disposal to fine and penalize this facility and if needed, take over and/or re-assign its contract
- That an independent audit be performed regarding handling of the outbreak by the facility and by Island Health to determine if there was appropriate compliance with all required reporting and operational (cleaning) procedures
- That policy and procedures for reporting an outbreak to Island Health and its ongoing involvement in ensuring facility compliance be developed (if they do not already exist) and fully communicated to facilities and all relevant Island Health staff to ensure they will be properly followed, and made available to the public
- That a full report be provided to the public and families that details any failures in compliance and the remedies implemented, supported with documentation (e.g. if the required facility team was operationalized to manage the outbreak, who they are, what they did, and copy of supporting documents including their post-outbreak review report, completed cleaning checklists, etc.)
- That website documentation on complaints and investigations for this facility since March 2018 be made current and available to the public

Thank you for your attention,

Sincerely,

Delores Broten, Comox BC

Sharon Jackson, Merville BC

Bev Foster, Courtenay BC

Greta Judd, Courtenay BC

CC:

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