

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002
torontodistrict.mlhc@ontario.ca

Original Public Report

Report Issue Date: January 24 2023	
Inspection Number: 2023-1309-0003	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: Baycrest Hospital	
Long Term Care Home and City: The Jewish Home for the Aged, North York	
Lead Inspector Ryan Randhawa (741073)	Inspector Digital Signature
Additional Inspector(s) Nicole Ranger (189)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
January 9-10, 12-13, 16, 2023 with January 17, 19, 2023 conducted off-site

The following intake(s) were inspected:

- Intake #00007301 (CIS #2824-000107-22) related to alleged abuse
- Intake #00010865 (Complaint) related to plan of care.
- Intake #00012353 (Follow-up) related to transferring and positioning techniques

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10 s. 36	2022_1309_0002	001	189

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The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1309-0003 related to O. Reg. 79/10, s. 36 inspected by Nicole Ranger (189)

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

- Prevention of Abuse and Neglect
- Responsive Behaviours
- Infection Prevention and Control
- Resident Care and Support Services

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2) O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that additional requirements under the IPAC Standard were followed.

Specifically, Additional Requirement 6.1 under the IPAC Standard states that the licensee shall make Personal Protective Equipment (PPE) available and accessible to staff and residents.

On January 9, 2023, on a unit, no gowns were available in a wall caddy for a resident's room which required additional precautions. The posted additional precaution signage indicated that gowns were required before entering the room.

The IPAC Lead acknowledged that gowns should have been stocked in the caddy for the room.

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There was low risk to residents as an RPN stated that if gowns were not available on the caddy, staff would use gowns from a PPE trolley which was down the hall on the unit.

After the RPN was notified of the observations, the caddy on the door was restocked with gowns on January 9, 2023.

Sources: interview with the IPAC Lead, and RPN, observations from Inspector #741073.

Date Remedy Implemented: January 9, 2023 [741073]

COMPLIANCE ORDER CO #001 Directives by Minister

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee has failed to comply with FLTCA, 2021 s. 184 (3)

The licensee shall:

1. Perform weekly audits of daily temperature checks for resident #001, #002, #003 for a minimum of three weeks, or until concerns are no longer identified.
2. The home must maintain a record of audits and results. The audit should include the date, name of the person completing audit, and any actions taken in response to the audits.
3. Ensure that Public Health Ontario's (PHO) COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes (LTCH) and Retirement Homes are completed at the required frequency.
4. Maintain a record of completed PHO COVID-19: Self-Assessment Audit Tools for at minimum 60 days following service of this order.

Grounds

(i) The licensee has failed to ensure that the Minister's Directive: COVID-19 response measures for LTCHs, was complied with.

In accordance with the Directive, the licensee was required to follow the MLTC COVID-19 guidance document for LTCHs in Ontario.

Rationale and Summary

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The COVID-19 guidance document for LTCHs required the licensee to complete IPAC audits weekly when the home was in outbreak, which included the Public Health Ontario's (PHO's) COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes LTCH and Retirement Homes.

The PHO COVID-19 Self-Assessment Audits were not completed for the week of October 30, 2022 to November 5, 2022.

The IPAC Lead acknowledged that the PHO COVID-19 Self-Assessment Audit Tool for Long Term Care Homes and Retirement Homes was not completed at a minimum, weekly when in outbreak, and should have been completed.

Failing to conduct the required IPAC audits affected the LTCH's ability to monitor, implement and evaluate the home's IPAC program. There was low risk to residents when the IPAC self-assessment audit tool was not completed for one week when the home was in outbreak as the IPAC Lead stated that the COVID-19 practices were still in place in the LTCH.

Sources: Review of Minister's Directive: COVID-19 response measures for LTCHs, effective August 30, 2022, completed PHO's COVID-19: Self-Assessment Audits dated October 27, 2022 and November 10, 2022, and interview with IPAC Lead. [741073]

(ii) In accordance with the Directive, licensees were required to ensure that the COVID-19 screening requirements set out in the MLTC COVID-19 guidance document for Long-Term Care Homes in Ontario was followed.

Rationale and Summary

In accordance with the measures outlined in the MLTC COVID-19 guidance document for LTCHs in Ontario, residents were to be assessed at least once daily for signs and symptoms of COVID-19 including temperature checks.

Resident #001, 002, 003 did not have daily temperature checks documented for a number of days between December 2022 to January 2023.

The IPAC Lead acknowledged that temperature checks were required daily and they should be completed and documented accordingly.

There was risk to the residents because this would have affected the ability to identify a change in the residents' status, related to COVID-19.

Sources: Review of Minister's Directive: COVID-19 response measures for long-term care homes, dated August 30,



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

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2022, MLTC COVID-19 Guidance Document for LTCHs in Ontario, dated December 23, 2022, resident #001, #002, #003's clinical records; and interview with IPAC Lead. [741073]

This order must be complied with by March 3, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.