

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

Original Public Report	
Report Issue Date: February 14, 2023	
Inspection Number: 2023-1485-0002	
Inspection Type: Critical Incident System	
Licensee: Toronto Aged Men's and Women's Homes	
Long Term Care Home and City: Belmont House, Toronto	
Lead Inspector Parimah Oormazdi (741672)	Inspector Digital Signature
Additional Inspector(s) Rajwinder Sehgal (741673) Stephanie Luciani (707428) was also present during this inspection	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): February 2 - 3, 6 - 7, 2023</p> <p>February 2, 6 -7, 2023 conducted on-site and February 3, 2023 conducted off-site.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake #00006123 /CI #2985-000006-22 was related to responsive behaviours • Intake #00012886 /CI #2985-000015-22 was related to falls prevention and management

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

- Responsive Behaviours
- Infection Prevention and Control
- Falls Prevention and Management

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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. 93 (2) (b) (iii)

The licensee has failed to ensure that cleaning and disinfection was in accordance with manufacturer's specifications.

Multiple expired PREempt disinfectant wipes canisters were noted on two different home areas.

The home's policy titled "Cleaning, Disinfection & Sterilization" indicated that any item that cannot be submerged in a disinfectant should be wiped with disinfectant wipe and allowed to dry in room air.

The Housekeeper Supervisor (HS) acknowledged the PREempt disinfectant wipes canisters were expired and could show decreased effectiveness for disinfection when used. They indicated that they were informed of the expired wipes and immediately removed them.

The Infection Prevention and Control (IPAC) Lead acknowledged the expired wipes should not be used and there was a risk of the product not being effective against pathogens.

There was a risk of infection transmission as expired wipes were less effective against pathogens.

Sources: Observation, review of PREempt disinfectant wipes canisters expiration date, home's cleaning, disinfection and sterilization policy, interviews with housekeeper supervisor, IPAC lead and other staff.

Date Remedy Implemented: February 2, 2023

[741673]

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (8)

The licensee has failed to ensure that staff participated in the implementation of the home's infection prevention and control (IPAC) program related to Personal Protective Equipment (PPE)

Rationale and Summary

A resident who was on additional precautions had signage of additional precautions and donning/doffing posted on their room door to direct staff about recommended sequence for putting/removing PPE.

The home's policy titled "Isolation Protocol-contact/droplet/additional precautions" directed staff to remove protective equipment in the following order: gloves, gown, clean hands, eye protection, mask, and hand hygiene.

During an observation, a Registered Nurse (RN) student exited the resident's room who was on additional precautions without removing their gloves and went to the hallway. The RN student obtained a transfer device and brought it to the resident's room while wearing the soiled gloves.

In an interview with RN student, they acknowledged that they doffed their gown before removing the gloves and exited resident's room while wearing their soiled gloves.

IPAC lead acknowledged that RN student should remove the gloves upon exiting resident's room and should not touch clean items with the soiled gloves.

Staff not using PPE according to the routine practices and additional precautions increased the risk of spreading infectious disease amongst residents, staff, and visitors.

Sources: Observations, donning/doffing PPE signages, home's isolation protocol policy, interviews with IPAC Lead, and RN student.

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that staff performed hand hygiene before and after resident and resident environment contact as required by Routine Practices, specifically 9.1 (b), included in the Infection Prevention and Control (IPAC) standard.

Rationale and Summary

During an observation, RN student exited resident's room who was on additional precautions and did not perform hand hygiene after coming into contact with the resident's environment.

The home's policy titled "Routine Practices" directed staff to perform hand hygiene as per the four moments of hand hygiene: before initial resident/resident environment contact, before aseptic procedures, after body fluid exposure risk, and after resident/resident environment contact.

In an interview with RN student, they acknowledged that they failed to perform hand hygiene upon exiting the resident's room who was on additional precautions.

The IPAC Lead acknowledged that staff were to perform hand hygiene before and after coming into contact with a resident or resident's environment.

Failure to ensure staff are performing hand hygiene as required by routine practices increased the risk of transmission of infection.

Sources: Observations, review of the home's routine practices policy V4, last revised March 2022, interviews with the IPAC Lead and RN student.

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WRITTEN NOTIFICATION: PLAN OF CARE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 79/10, s. 26 (3) 5.

The licensee has failed to ensure that a resident's initial plan of care included interventions to address their responsive behaviours.

Rationale and Summary

A resident with existing responsive behaviours had an interaction with a Health Care Aid (HCA) and a HCA student which resulted in a fall causing an injury.

Record review of the resident's assessment tool completed upon admission, indicated that they were exhibiting behavioural symptoms and it was recommended to implement interventions to manage resident's behaviour. However, resident's initial care plan did not identify the resident's behaviours and did not include interventions for staff to implement when these behaviours were present.

The Director of Care (DOC), indicated that following the initial assessment completion, the care plan with the focus of behaviour should have been created for the resident and the interventions should have been added. The Resident Assessment Instrument (RAI) coordinator also confirmed that the care plan for resident's behaviour should have been initiated and the interventions should have been added.

Failure to ensure the plan of care included interventions to address resident's behaviours may have increased the risk of falls or injury for the resident, since the staff were not aware of the interventions.

Sources: Resident's clinical health records, interviews with DOC and RAI coordinator.

[741672]