Ontario

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

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 30, 2025
Inspection Number: 2025-1123-0001
Inspection Type: Complaint Critical Incident
Licensee: DTOC II Long Term Care LP, by its general partner, DTOC II Long Term Care MGP (a general partnership) by its partners, DTOC II Long Term Care GP Inc. and Arch Venture Holdings Inc.
Long Term Care Home and City: Bon Air Long Term Care Residence, Cannington

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22, -24, 27 - 28, 2025
The inspection occurred offsite on the following date(s): January 29, 2025

The following intake(s) were inspected:
- Intake: #00124692 - A complaint related to resident roommate
- Intake: #00128598 - A complaint related to management of diabetes.
- Intake: #00136954 - A critical incident related to Covid outbreak.
- Intake: #00137606 - A complaint related to IPAC and staffing during outbreak.

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

Infection Prevention and Control
Staffing, Training and Care Standards
Residents' Rights and Choices

INSPECTION RESULTS

WRITTEN NOTIFICATION: Right to Quality Care and Self-Determination

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iii.

Residents' Bill of Rights

s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

19. Every resident has the right to,

iii. participate fully in making any decision concerning any aspect of their care, including any decision concerning their admission, discharge or transfer to or from a long-term care home and to obtain an independent opinion with regard to any of those matters, and

The licensee did not ensure that the rights of a resident were respected related to participating in any decision concerning their transfer from a long-term care home and the right to obtain an independent opinion with regard to their health.

A complaint was received related to concerns from a resident that their requests to be transferred to the hospital were refused by the home. Health records for the resident indicate that on two specified dates the resident requested to be transferred to hospital for treatment and the home refused their request.

The Administrator indicated that residents have a right to be transferred to the hospital and have a right to obtain treatment. The Director of Care acknowledged that resident requested to go to hospital, but the home did not feel the resident required acute care and did not send.

Sources: Electronic health records of resident and interview with Administrator..

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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

1. The Infection Prevention and control (IPAC) Lead will collaborate with Department Managers to develop and implement a process to ensure all job roles within the home are audited to ensure that all staff can perform the IPAC skills required of their role, at least quarterly. The process shall include a documented auditing schedule for IPAC Lead oversight, and a record of all quarterly audits conducted, for each job role within the home, to ensure that all staff can perform the IPAC skills required of their role. The records will be made available to inspector upon request.

2. Document and keep a record of all identified audits that includes the name and role of auditor, name and role of staff being audited, home area name/location, date and time of audit, any findings of audit and any corrective action taken if task was not completed and/or demonstrated as required. Provide the records upon Inspector request.

3. The IPAC Lead and Department Managers will review the home's Policies for Waste Management and Additional precautions to ensure the policy provides for the removal and disposal of Personal Protective Equipment (PPE) in accordance

with evidence-based practices. The updated policy will be made available upon Inspector request.

4. The IPAC Lead or designate will complete a weekly audit for four weeks of donning, doffing and disposal of PPE for each staff role in the home (dietary, housekeeping, laundry, maintenance, activities, nursing). The audit will include the name of auditor, name of staff being audited, date and time, location and any corrective action taken, if any. The audit is to be made available to an Inspector upon request.

5. The IPAC Lead or designate will complete a weekly audit for four weeks of hand hygiene provided to residents before meals and snacks to include both dining room and resident rooms. The audit will include the name of auditor, name of staff being audited, date and time, location, and any corrective action taken, if any. The audit is to be made available to an Inspector upon request.

Grounds

1.The licensee failed to ensure that any standard or protocol issued by the Director with respect to Infection Prevention and Control was implemented.

Specifically, the licensee failed, at least quarterly, to ensure that audits were performed regularly to ensure that all staff can perform the IPAC Skills required of their role, in accordance with IPAC Standard, Additional Requirement 7.3 (b) under the "Infection Prevention and Control Standard for Long Term Care Homes" (IPAC Standard), April 2022; last revised September 2023.

Rationale and Summary

The Inspector conducted a mandatory IPAC inspection, in accordance with the IPAC Checklist. Review of the IPAC Lead's IPAC audits confirmed that quarterly audits

were not conducted to ensure that all staff could perform the IPAC skills required of their role, in every department. The IPAC Lead indicated the home was recently made aware of the requirement for audits and were in the process of developing an audit to implement.

Failure to ensure that, at minimum, quarterly audits were conducted to ensure that all staff could perform the IPAC skills required of their role has placed the residents and staff at increased risk for disease transmission.

Sources: IPAC Checklist, interview with IPAC Lead.

2.The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with. In accordance with Additional Requirement 9.1 (b) for Routine Practices under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023).

The licensee has failed to ensure that hand hygiene, including, but not limited to, at the four moments of hand hygiene was completed by a Personal Support Worker following contact with the garbage disposal while they were fully donned in Personal Protective Equipment (PPE) prior to entering the isolation room.

The IPAC Lead acknowledged that staff are expected to complete hand hygiene after exposure to the garbage disposal and prior to entering a resident room.

Failing to ensure that hand hygiene is completed following exposure to garbage posed a risk of exposure to residents to micro-organisms.

Sources: Observations and interview with the IPAC Lead.

3.The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

In accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022" (IPAC Standard) additional requirements section 9.1 The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. Section 9.1 (f), at minimum, Additional Precautions shall include, additional PPE requirements including appropriate selection application, removal, and disposal.

Rationale and Summary

The home was experiencing a facility wide COVID-19 outbreak. The inspector observed there were eight resident rooms that were identified as requiring additional precautions, as per infection control and prevention (IPAC) signage posted on their doors indicating Contact + Droplet + N95 precautions.

The home's policy for Droplet Contact Precautions directs to ensure there is a Personal Protective Equipment (PPE) disposal system in place upon exit of the resident's room (doffing station) which includes a garbage with a lid.

On observation there were only three garbage disposals for eight resident rooms, all of which had two residents. Multiple resident rooms under additional precautions had no isolation hampers for garbage or linens inside the resident's environment or immediately outside of the resident room, to enable staff to doff their PPE prior to exiting the resident environment or resident room.

Two staff were each observed donning in full PPE then going to another room down the hall to move the garbage disposal to the threshold of the doorway of the room they were entering.

During separate observations, three identified staff were observed removing their personal protective equipment (PPE), specifically gowns, gloves, and face shields outside of resident rooms, where additional precautions were in place and disposing of their PPE' in the hallway.

The Public Health Inspector for the home acknowledged that the home's practice for garbage disposal for doffing PPE was not in best practice for infection prevention and control.

The IPAC Lead indicated that the home's process is that staff each have a garbage hamper that they bring with them and put at the threshold of the doorway to doff their PPE, and acknowledged that each resident room under Additional precautions did not have a garbage hamper for removal and disposal of PPE.

Failure to ensure each resident room that required additional precautions has a garbage hamper for removal and disposal of PPE poses a risk to the residents of transmission of Covid-19 infection..

Sources: Observations, Policy "Droplet Contact Precautions", Policy " General Waste Handling" Interviews with staff, Public Health Representative and IPAC Lead.

4. The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

In accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022" (IPAC Standard) additional requirements section 10.4 (h), the licensee shall ensure the hand hygiene program also includes policies and procedures, as a component of the overall IPAC program including, support for residents to perform hand hygiene prior to receiving meals and snacks.

Rationale and Summary

During observations of the serving of meal trays to residents under additional precautions for a Covid-19 outbreak staff were not observed completing hand hygiene with residents of eight rooms.

A staff member was asked if they had provided hand hygiene to two residents in a shared room. The PSW indicated that one resident had a bath, so their hands were clean, and they said they were going to do hand hygiene for the other resident. The staff had to call out to the IPAC Lead in the hallway to bring the alcohol- based hand wipes to them as they were located on the meal cart down the hall.

Interviews with staff and the IPAC Lead indicated the expectation of the home is that residents are assisted with hand hygiene prior to meals and snacks and acknowledged this was not provided.

Failing to assist residents with hand hygiene prior to meal service increased the risk for the transmission and spread of Covid-19 infection amongst residents.

Sources: Observations prior to meal service during this inspection; and interviews with staff. and the IPAC Lead.

This order must be complied with by April 28, 2025

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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

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
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.