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
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Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: April 2, 2024

Inspection Number: 2024-1389-0001

Inspection Type:
Critical Incident

Licensee: The Royale Development GP Corporation as general partner of The Royale Development LP

Long Term Care Home and City: Bradford Valley Community, Bradford

Lead Inspector	**Inspector Digital Signature**
Suzanna McCarthy (000745)	Suzanna McCarthy Digitally signed by Suzanna McCarthy Date: 2024.04.09 09:55:58 -04'00'

Additional Inspector(s)
Inspector Lucia Kwok (725) was present during the inspection.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 5-7, 2024 and March 11, 2024.

The inspection occurred offsite on the following date(s): March 8, 2024.

The following intake(s) were inspected during this Critical Incident Inspection:
• One intake related to falls prevention and management.

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

Safe and Secure Home
Prevention of Abuse and Neglect
Falls Prevention and Management

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)
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that the home is maintained in a safe condition and in a good state of repair, specifically the drop ceiling directly outside of the resident den area.

Rationale and Summary
During an observation, the ceiling tile located directly outside of a resident den area was observed to be missing, leaving pipes and insulation exposed. The adjacent ceiling tiles were observed to have brown circular staining.

Environmental Services Manager (ESM) #109 confirmed that ceiling tile had been removed due to damage and should have been replaced. The Director of Care (DOC) also confirmed that the ceiling tile should have been replaced

immediately. The ESM reported that there were ceiling tiles in stock and that the missing tile would be replaced by end of day.

The missing ceiling tile did not create a risk to the residents.

Sources: Observations, interviews with staff. [000745]

Date Remedy Implemented: March 11, 2024

WRITTEN NOTIFICATION: DOORS IN A HOME

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee failed to ensure all doors leading to non-residential areas must be kept closed and locked when they are not being supervised by staff.

Rationale and Summary
During an observation, the door to two Clean Utility rooms in two separate home areas were observed to be propped open with no staff in the general area. Clean, unopened personal care supplies were observed on the shelves and countertop in the room. On a subsequent observation, the Clean Utility room door was again observed to be propped open with no staff in the general area.
Personal Support Worker (PSW) #105, PSW #111 and the Director of Care (DOC) confirmed that the doors were to remain in the closed and locked position at all times when not being supervised by staff.

Failure to ensure all doors leading to non-residential areas were kept closed and locked when they are not being supervised by staff created an increased risk of injury to residents.

Sources: Observations, interviews with staff. [000745]

WRITTEN NOTIFICATION: WINDOWS

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 19
Windows
s. 19. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimeters.
The licensee failed to ensure that every window in the home that opens to the outdoors has a screen.

Rationale and Summary
During an observation it was noted that screens had been removed from multiple resident rooms. During the same tour, a hallway window outside of a resident room was observed to have the screen and crank mechanism missing. On March 7, 2024 during a tour with ESM #109 it was noted that the screen in a resident lounge area had been removed from the window.

It was confirmed by ESM #109 and the DOC that all windows in the home that open to the outdoors are required to be fitted with screens for resident safety.

Failure to ensure that every window in the home that opens to the outdoors was fitted with a screen created an increased potential risk of injury or death for residents.

Sources: Observations, interviews with staff. [000745]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee failed to ensure the supplied Alcohol Based Hand Rub (ABHR) is easily accessible in common areas and was not past the date of expiration.

In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director, dated September 2023, section 10.1 states: The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90 percent (%) Alcohol-Based Hand Rub (ABHR). ABHR shall be easily accessible at both point-of care and in other common and resident areas, and any staff providing direct resident care must have immediate access to ABHR that contains 70-90% alcohol concentration.

Rationale and Summary
On March 5, 2024, Inspector #000745 observed empty Alcohol Based Hand Rub (ABHR) dispensers were noted in several areas and floors throughout the home including inside and outside of resident's rooms for resident, staff and visitor use. There were also ABHR pumps observed to have expiry dates ranging between January 2024 and February 2024.

The Infection Prevention and Control (IPAC) Lead confirmed that empty ABHR dispensers results in decreased access to ABHR while expired ABHR is ineffective.

The IPAC Lead reported that missing and expired ABHR may lead to increased potential for spread of pathogens.

Failure to ensure that ABHR was easily accessible in common areas and areas of direct care as well as not expired has placed the residents at increased risk of transmission of infectious agents for residents.

Sources: Observations, interview with IPAC Lead. [000745]