

**Ministry of Long-Term Care**Long-Term Care Operations Division
Long-Term Care Inspections Branch**Ministère des Soins de longue durée**Inspection de soins de longue durée
Division des foyers de soins de longue durée

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	Licensee Copy/Copie du Titulaire <input type="checkbox"/>	<input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Stacey Colameco	
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input checked="" type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of Licence Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157	
Intake Log # of original inspection (if applicable):	Not Applicable	
Original Inspection #:	Not Applicable	
Licensee:	Downsview Long Term Care Centre Limited	
LTC Home:	Downsview Long Term Care Centre	
Name of Administrator:	Christiana Burns	

Background:	
<p>Downsview Long-Term Care Centre (“Downsview” or “the home”) is a long-term care (“LTC”) home in Toronto, Ontario within the Central Local Health Integration Network. Downsview Long Term Care Centre Limited is the licensee of the LTC home, which is licensed for 252 beds (“the licensee”). Gem Health Care Group Limited is the corporate owner of Downsview Long Term Care Centre Limited.</p> <p>On March 17, 2020 the Premier and Cabinet declared an emergency in Ontario under the <i>Emergency Management and Civil Protection Act</i> (EMCPA) due to the COVID-19 pandemic in Ontario. Emergency orders under the EMCPA have been issued to respond to the pandemic, including specific orders to alleviate the impact of COVID-19 in LTC homes.</p> <p>On May 12, 2020, Ontario Regulation 210/20 under the EMCPA came into force. Pursuant to Ontario Regulation 210/20, and despite any requirement or grounds set out in the <i>Long-Term Care Homes Act, 2007</i> (“the Act”) or Ontario Regulation 79/10 (General) made under that Act, the Director appointed under the Act may make an order under subsection 156(1) of the Act if at least one resident or staff member in the long-term care home has tested positive for the coronavirus (COVID-19) in a laboratory test (“a COVID-19 mandatory management order”). In a COVID-19 mandatory management order, pursuant to</p>	



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Ontario Regulation 210/20, the Director may set out the name of the person who is to manage the long-term care home.

On April 17, 2020 an outbreak of COVID-19 was declared at Downsview by Toronto Public Health as a resident had tested positive for COVID-19 in a laboratory test.

As of May 21, 2020, a total of 108 residents and 100 staff had tested positive for COVID-19 in the home, and a total of 50 residents had died from COVID-19. A staff member of the home tested positive for COVID-19 on April 27 and died on May 1, 2020.

Downsview has had a very significant spread of COVID-19 among residents and staff, and a high number of deaths among residents from COVID-19. The spread of the disease has been sustained and the number of resident deaths have continued to rise since the outbreak was declared despite that Downsview received significant support in staffing, infection prevention and control measures (IPAC) and personal protective equipment (PPE) from the Central Local Health Integration Network and Humber River Hospital (HRH).

On May 18, 2020, Downsview provided the MLTC with a recovery plan setting out actions to return the home to normal operations and resolve the outbreak, with a specific staffing plan to ensure the successful return-to-work of the home's regular staff.

The Director is issuing a COVID-19 mandatory management order because, as outlined in the grounds, despite some improvement at Downsview with the support of HRH, the serious disease spread continues in the home. Accordingly, the licensee requires enhanced management capacity to contain disease spread in the home and ensure that the recovery plan addresses all areas of the pandemic in the home's operations and is implemented in a manner that will return the home to normal operations and save lives.

Order:

To Downsview Long Term Care Centre Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

Pursuant to: Subsection 156(1) of the *Long-Term Care Homes Act, 2007*, SO c 8 as modified by Ontario Regulation 210/20 made under the *Emergency Management and Civil Protection Act*, RSO 1990, c E.9. The Director may order a licensee to retain, at the licensee's expense, a person named by the Director to manage the long-term care home. An order made pursuant to Ontario Regulation 210/20 shall set out the period of time during which the order is in effect but the period shall not extend past the date that Ontario Regulation 210/20 is revoked.

Order: The Licensee, Downsview Long Term Care Centre Limited Inc, is ordered:

- (a) To **immediately** retain Humber River Hospital ("HRH") located at 1235 Wilson Avenue, North York, Ontario to manage Downsview Long-Term Care Centre located at 3595 Keele Street, Toronto, Ontario ("Downsview");

- (b) To submit to the Director, LTC Licensing, Policy and Development Branch (“LPDB”) a written contract pursuant to section 110 of the Act **within 24 hours** of being served this Order;
- (c) To execute the written contract **within 24 hours** of receiving approval of the written contract from the Director, LPDB pursuant to section 110 of the Act and to deliver a copy of that contract once executed to the Director, LPB;
- (d) To submit to the Director, LTC Inspections Branch (“LTCIB”), a COVID-19 recovery management plan, prepared in collaboration with HRH, to manage Downsview and that specifically addresses how the licensee will expeditiously return the home to normal operations and stop the spread of COVID-19 **within 48 hours** of being served this Order;
- (e) To enable HRH to begin managing Downsview in accordance with the written contract described in paragraph (c) of this Order **immediately upon** execution of that written contract;
- (f) Subject to Ontario Regulation 210/20, HRH will manage Downsview for **90 days** (“Management Period”) following the date this Order is served. The Management Period may be extended by the Director.
- (g) Any and all costs associated with complying with this Order are to be paid by the licensee, including for certainty, but not limited to, all costs borne by the licensee, HRH and the Ministry of Long-Term Care associated with retaining HRH as described in paragraph (a) of this Order; and
- (h) Upon being served with this Order, comply with (a)-(g) and not take any actions that undermine or jeopardize the ability for HRH to manage the home to its full extent.

Grounds:

Downsview Long Term Care Centre Limited (“the licensee”) is licensed to operate a long-term care known as Downsview Long-Term Care Centre (“Downsview” or “the home”) located at 3595 Keele Street, Toronto, Ontario with 252 beds.

According to the Ministry of Health (MOH) and Ministry of Long-Term Care (MLTC) Emergency Planning and Preparedness website, the COVID-19 pandemic began as an outbreak of a novel Coronavirus (2019-nCoV) in China in December 2019. The first known case of COVID-19 in Ontario was identified on January 25, 2020. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic.

On May 12, 2020, Ontario Regulation 210/20 under the EMCPA came into force authorizing the Director to make an order under subsection 156(1) of the Act if at least one resident or staff member in the long-term care home has tested positive for the coronavirus (COVID-19) in a laboratory test (“a COVID-19 mandatory management order”). In a COVID-19 mandatory management order, pursuant to Ontario Regulation 210/20, the Director may set out the name of the person who is to manage the long-term care home. The Director is naming Humber River Hospital (“HRH”) to manage the home.

COVID-19 Outbreak at Downsview

On April 17, 2020, a resident at Downsview tested positive for the coronavirus (COVID-19) in a laboratory test and an outbreak was declared at the home by Public Health officials.

The following chart shows the progression of the outbreak at Downsview as reported to MLTC by Downsview. This information includes the number of residents who have been confirmed to have tested positive for COVID-19, the number of resident deaths from COVID-19, the number of staff members who have been confirmed to have tested positive for COVID-19, and staff deaths from COVID-19. The numbers in the chart are cumulative and show the total number of cases or deaths as of the date reported.

Date	Confirmed Resident Cases of COVID-19	Resident Deaths from COVID-19	Confirmed Staff Cases of COVID-19	Staff Deaths from COVID-19
April 17, 2020	1	0	0	0
April 21, 2020	9	0	0	0
April 23, 2020	9	0	0	0
April 25, 2020	45	3	9	0
April 28, 2020	50	6	26	0
May 1, 2020	56	11	44	1
May 4, 2020	57	21	71	1
May 6, 2020	58	23	71	1
May 15, 2020	87	40	92	1
May 21, 2020	108	50	100	1

From April 17 to May 21, the cases have increased from 1 positive resident to 108 positive residents, and 50 residents and 1 staff member have died in a 5-week time frame.

Downsview is in an Acute Outbreak and is unable to Contain the Spread of Disease

Downsview has been in acute outbreak since April 27, 2020. It remains in acute outbreak. A long-term care home in acute outbreak has increasing infection rates (active spread), ineffective or poor infection prevention and control (“IPAC”) and environmental interventions to contain the spread, inability to maintain supply of personal protective equipment (“PPE”) and severe staff shortages that the long-term care home has not been able to resolve.

On April 23, 2020, HRH agreed to provide additional support to Downsview to manage and contain the spread of the disease. On April 24, 2020, HRH conducted a virtual assessment of Downsview’s IPAC measures. In addition, an on-site assessment was conducted during the week of April 27, 2020. Downsview was determined to be in acute outbreak because HRH reported that:

- Infection rates increased substantially after the outbreak was declared on April 17, 2020;
- IPAC interventions used by Downsview to contain the spread of the disease were poor:
 - Residents were dining in congregate setting with limited social distancing;
 - Downsview management did not ensure sufficient PPE was available for staff such that some

staff were using their own PPE;

- Downsview staff were not adhering to appropriate PPE usage (i.e.: wearing garbage bags instead of proper gowns, and not wearing face shields);
 - There were inconsistencies in PPE practices by staff and there were no posted instructions for staff for donning/doffing of PPE; and
 - Not all COVID-19 residents were cohorted; and
- Severe staffing shortages: As of April 23, 2020, staffing in the home was below 50%.

Downsview receives Support but disease spread continues

Downsview has received significant support from the MLTC, the Central Local Health Integration Network (“LHIN”) and HRH to contain the spread of the disease. This support has included IPAC assessments, recommendations and education, providing additional staff to care for residents, assessing and acquiring necessary PPE and other equipment to facilitate resident and staff cohorting, and arranging transfers and moving of residents to facilitate cohorting.

During the week of April 27, 2020, the HRH completed an onsite IPAC assessment at the home. On May 1, 2020, HRH Chief Executive Officer (CEO) wrote a letter to the Administrator of Downsview and outlined the findings and concerns from HRH’s on-site assessment:

- On April 27 and 28, 2020, residents were observed dining in a congregate setting with limited social distancing;
- Social distancing not occurring with residents and staff;
- Not all residents who were positive for COVID-19 were cohorted;
- No apparent established process in place for staff illness tracking and reporting;
- Downsview staff did not appear to be following PPE recommendations, some wearing garbage bags, and face shields were not being used;
- Inconsistencies in PPE being worn by staff;
- Did not observe posting of donning/doffing instructions for PPE throughout facility and droplet/contact precautions signage was lacking;
- Universal masking was not consistent throughout home;
- Soiled linen was stored next to uncovered clean linen;
- Point of Care Risk Assessment (PCRA) education of direct care staff was lacking;
- There was no single individual initially identified from the home’s management team as responsible for leading outbreak management;
- No multidisciplinary planning committee or team to address preparedness planning;
- Dedicated care equipment was not being used for residents; and
- Twice daily cleaning recently scaled back due to staffing issues and not enough garbage bins.

Despite raising these concerns clearly with the home, HRH was required to take action to address these issues. This included, among other things, providing staff support at the home with feeding residents, getting equipment to support residents to have meals in their rooms, and arranging to have an external cleaning agency to clean and disinfect the home on May 4, 2020, as the home had not made these arrangements.

As of May 6, 2020, the number of confirmed positive residents were 58, 23 residents had died, and 1 staff member had died since the outbreak was declared on April 17, 2020.

Given that the disease was continuing to spread, daily mobile palliative care team debrief meetings have taken place with Downsview, HRH, the Toronto Public Health Unit and the LHIN since May 5, 2020. These are daily calls during which the home reports on the clinical status of residents in the home, testing procedures and results, IPAC, and staffing.

On or about May 6, 2020, HRH CEO called the Chief Operating Officer (COO) of the licensee and the CEO of the licensee, to inform them of the outbreak situation at Downsview. Both the CEO and COO of the licensee were not aware of the situation at the home. This was two and a half weeks after the outbreak was declared on April 17, 2020.

On May 7, 2020, the COO visited the home and received a report from the home that there was a lack of cleaning staff in the home, lack of physicians for the residents, and that there were many residents who were sick with COVID-19. The CEO of the licensee told a MLTC Inspector that this information was not provided to them from the Administrator of the home prior to the COO's visit to the home on May 7, 2020.

Despite additional support being provided on an ongoing basis by HRH as of April 23, 2020, the serious disease spread continued, critical staffing shortages continued and the number of resident deaths continued to rise.

Between May 6 and 21, 2020, there had been 60 new cases of COVID-19 in residents and 27 more residents had died. There had also been 29 new cases of COVID-19 in staff. While the home had secured some additional staff through employment agencies and arranged for 6 full time nursing staff to return to work, the home would continue to need staffing support from HRH until at least June 2, 2020.

As of May 21, 2020, there were a total of 108 residents and 100 staff that were positive for COVID-19 in the home, and a total of 50 residents and 1 staff member had died from COVID-19. The cases of infected residents and staff continues to increase.

Downsview's Recovery Plan will not return the home to normal operations without HRH management

On May 15, 2020, Downsview began working on a recovery plan to return the home to normal operations with a specific staffing plan to ensure the successful return-to-work of the home's regular staff. It was completed on May 18, 2020 and provided to the MLTC on May 19, 2020.

The recovery plan outlined some areas that had already been completed, for example ordering of supplies of PPE, some social distancing measures, and more widespread testing of residents. However, a number of the implementation dates for IPAC measures and cleaning were not for up to 10 days after the plan was



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created. Also, after the plan was created, COVID-19 infection rates continued to rise.

The recovery plan set a target date of June 27, 2020 to replace 25% of vacant staff positions. This will not fill the current staffing gap prior to the planned exit of HRH staffing supports on June 2, 2020. The MLTC was informed on May 21, 2020 that Downsview had sent out 25 letters to staff to return to work and had 35 yet to mail.

The licensee was unaware of the extent of the critical nature of this acute outbreak until May 6, 2020 when a call was received by HRH. The recovery plan refers to “head office” providing PPE and providing support remotely to the outbreak management leads in the home. The plan is vague on the type of support head office will provide.

This order must be complied with by:	The dates as outlined and specified in this Order
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REVIEW/Appeal INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

and the

Director
c/o Appeals Clerk
Long-Term Care Inspections Branch
1075 Bay St., 11th Floor, Suite 1100
Toronto ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 25th day of May 2020.

Signature of Director:	
Name of Director:	Stacey Colameco