

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 31, 2022	2022_650565_0006	016962-21, 016963-21	Follow up

Licensee/Titulaire de permis

Gem Health Care Group Limited
15 Shoreham Lane, Suite 101 Halifax NS B3P 2R3

Long-Term Care Home/Foyer de soins de longue durée

Downsview Long Term Care Centre
3595 Keele Street North York ON M3J 1M7

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MATTHEW CHIU (565)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): February 22-25, and 28, 2022.

The following intakes were completed in this follow-up inspection:

- Log #016962-21 was related to follow-up to CO#002 from inspection #2021_526645_0011; and**
- Log #016963-21 was related to follow-up to CO#001 from inspection #2021_526645_0011.**

A Written Notification and Voluntary Plan of Correction related to LTCHA, 2007 S.O. 2007, c.8, s. 6 (7) was identified in this inspection and has been issued in a concurrent inspection, #2022_766500_0007, dated March 17, 2022.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Infection Prevention and Control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Registered Dietitian (RD), Personal Support Workers (PSWs), Housekeeping Staff (HS), and Residents.

During the course of the inspection, the inspector observed the home's infection prevention and control (IPAC) practices, resident and staff interactions, and reviewed clinical health records, relevant policies and procedures, staffing schedules and training records.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)**
- 1 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

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The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2021_526645_0011		565
O.Reg 79/10 s. 26. (4)	CO #001	2021_526645_0011		565

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program.

The home's IPAC program practice indicated that when a resident was on droplet and contact precautions (DCP) in a shared room, the privacy curtain should be drawn between the residents sharing the room.

a. A resident was on DCP isolated in their room. Multiple observations on one day indicated that the privacy curtain was not drawn between the resident and their roommate.

b. Multiple residents in a resident home area were put on DCP due to exposure to a confirmed case of COVID-19. Observations indicated that residents in two shared rooms were placed on DCP. The privacy curtains were not drawn between these residents when they were in their rooms.

Staff confirmed that the privacy curtains should have been drawn in shared rooms occupied by residents on DCP.

When staff failed to draw privacy curtains in shared rooms occupied by residents on DCP, there was increased risk of transmission of infectious disease.

Sources: Observations; review of home's policy "Routine Practice And Additional Precautions", policy #ICM-VI-005 and effective date: June 2020; interviews with staff. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the IPAC program, to be implemented voluntarily.

Issued on this 20th day of April, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.