

**Original Public Report**

<b>Report Issue Date</b>	May 18, 2022		
<b>Inspection Number</b>	2022_1027_0001		
<b>Inspection Type</b>	<input checked="" type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
<b>Licensee</b>	Gem Health Care Group Limited		
<b>Long-Term Care Home and City</b>	Downsview Long Term Care Centre, North York		
<b>Lead Inspector</b>	Joy Ieraci (665)		<b>Inspector Digital Signature</b>

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): May 9, 10 and 11, 2022

The following intake(s) were inspected:

- Log #008884-22 (Complaint) related to safe and secure home
- Log #008854-22 (CIS #1041-000005-22) related to COVID-19 Disease Outbreak

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

- Infection Prevention and Control (IPAC)
- Safe and Secure Home

**INSPECTION RESULTS**

**COMPLIANCE ORDER CO#001 INFECTION PREVENTION AND CONTROL PROGRAM**

**NC#01 Compliance Order pursuant to FLTCA, 2021, s.154(1)2**  
 Non-compliance with: O. Reg. 246/22 s.102(2)b

**The Inspector is ordering the licensee to:**

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

**Compliance Order [FLTCA 2021, s. 155 (1)]**

The Licensee has failed to comply with O. Reg. 246/22, s.102(2)b

The licensee shall:

- 1) Ensure residents are assisted with hand hygiene prior to meals.
- 2) Ensure staff wear isolation gowns appropriately.
- 3) Conduct random audits for three weeks to ensure staff are assisting residents with hand hygiene prior to meals and staff are wearing isolation gowns appropriately. Maintain a documented record, including the person responsible, date and time and outcome.

**Grounds**

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

The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed by staff related to routine practices and additional precautions.

**Rationale and Summary**

At the time of the inspection, the home was in a Confirmed COVID-19 Outbreak and a Suspected COVID-19 Outbreak in two different home areas.

The home followed Public Health Ontario's (PHO) best practices for IPAC.

The following IPAC practices were observed:

**1. Personal Protective Equipment (PPE):**

- A) The home adapted PHO's signage for the sequence of putting on PPE. The signage was posted on residents' doors who were on droplet/contact precautions (DCP). It directed that mask and eye protection be worn at all times, then perform hand hygiene (HH), put on gown, perform HH and put on gloves.

A Personal Support Worker did not put on their PPE in the correct sequence. The PSW had put on their gloves first instead of the gown.

- B) PHO best practices indicated when an isolation gown is worn, the neck and waist ties must be tied. Several staff wore their isolation gown with the waist ties untied. The staff

were in resident rooms who were on DCP, and one staff was conducting rapid antigen tests (RATs) on visitors.

- C) PHO's signage for DCP directed staff to wear a mask and eye protection within two metres of a resident, gloves and long-sleeved gown for direct care.

A PSW fed a resident on DCP without gloves.

## 2. Hand Hygiene:

A PSW did not assist a resident with hand hygiene prior to their meal. The PSW stated they had assisted the resident with HH 30 minutes prior to the meal.

IPAC Lead stated as part of the home's HH program, staff were to assist residents with HH just prior to meals.

## 3. Rapid Antigen Tests (RAT):

The home was using BTNX Rapid Response RAT devices. The instructions directed the tester to leave the swab with the collected specimen into the extraction tube for two minutes, attach nozzle to sample extraction tube, add 3 drops of the extracted solution into the sample well of the device, and directions should be followed carefully.

One staff conducted a RAT on a staff member. They did not leave the collected swab specimen in the extraction tube solution for two minutes and poured the entire collected solution into the RAT device.

There was a risk at time of the non-compliance related to staff not following the home's IPAC program. There was a risk of infection transmission to one resident when they were not assisted with HH prior to their meal, another resident when the required PPE was not worn by a PSW and to other residents and staff when staff did not follow the home's IPAC practices. There was a risk to residents and staff when the RAT device instructions were not followed related to the accuracy of the results.

## Sources:

IPAC Observations, review of CIS report for disease outbreak, the home's signage: Putting on PPE during COVID-19; PHO's DCP signage and Video titled "Putting on PPE" and BTNX Rapid Response RAT device instructions, and interviews with PSWs, housekeepers, registered staff, IPAC Lead and other staff.

[665]

**This order must be complied with by:** [June 17, 2022](#)

## 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, 8<sup>th</sup> floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

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

**Toronto Service Area Office**  
5700 Yonge Street, 5<sup>th</sup> Floor  
Toronto ON M2M 4K5  
Telephone: 1-866-311-8002  
[TorontoSAO.moh@ontario.ca](mailto:TorontoSAO.moh@ontario.ca)

**Health Services Appeal and Review Board**  
Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON M5S 1S4

**Director**  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).