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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: January 14, 2025

Inspection Number: 2025-1027-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Gem Health Care Group Limited

Long Term Care Home and City: Downsview Long Term Care Centre, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6-10, 13-14, 2025.

The following Complaint intake were inspected:

- Intake: #00132349 was related to Improper Care.
- Intake: #00132616 was related to prevention of abuse and neglect.
- Intake: #00135543 was related to Housekeeping and Pest Control.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00135424 /CI-1041-000020-24- related to disease outbreak;
- Intake: #00132215/CI-1041-000017-24 - related to falls prevention and management;
- Intake: #00130529/CI-1041-000015-24 - related to medication management;

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The following intake(s) were completed in this inspection:

- Intake: #00129302 /CI-1041-000014-24,Intake: #00136406/CI-1041-000001-25 and Intake: #00132633 /CI-1041-000019-24- related to disease outbreak;
- Intake: #00129427 /CI-1041-000013-24,Intake: #00132276 /CI- 1041-000018-24 and Intake: #00135724/CI-1041-000021-24, related to falls prevention and management;

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

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (c)
Plan of care
s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident provided clear directions to staff for administration of medication. The medication order directed staff to administer the medication prior to meals and hold if not eating. Clinical Nurse Manager confirmed the order was unclear on when to hold the resident's medication.

Sources: Resident's clinical records; and interview with Clinical Nurse Manager.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident's care, as outlined in the plan of care, was provided as specified in the plan. The resident's plan of care for transferring indicated a preference not to receive care from staff of a specified gender. On a day in November, a staff member of the specified gender assisted the resident with transferring.

Sources: Review of resident's clinical records; and Interviews with PSW.

WRITTEN NOTIFICATION: Accommodation services

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (a)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee failed to ensure the home was kept clean and sanitary.

Dust and debris were observed on various surfaces, including the bed area, under the bed, and along the edges of walls and corners in a resident's room. A glue board insect trap with multiple dead insects and accumulated dirt was found near the bed. A container and basin in the bathroom were observed with stains. The Environmental Manager (EM) acknowledged that the environment and equipment in the room were not maintained in a clean and sanitary condition.

Sources: Inspector's observations and interview with EM.

WRITTEN NOTIFICATION: Transferring and positioning techniques

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee failed to ensure that a PSW used safe transferring techniques when transferring a resident by themselves with their walker on a specific date. The resident's plan of care required two staff assistance with a mechanical lift for transfers.

Sources: Inspector's Observation; resident's plan of care; and interview with PSW.

WRITTEN NOTIFICATION: Falls Prevention and Management Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (1)
Falls prevention and management
s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 246/22, s. 54 (1).

The licensee failed to ensure their Falls Prevention and Management Program was complied with, specifically related to the implementation of falls prevention interventions for a resident.

Pursuant to O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure written policies developed for the Falls Prevention and Management program were complied with.

The resident was at risk for falls and required an intervention as part of a falls prevention plan. During an observation, it was found that the intervention was not implemented. One PSW reported that the resident did not have the intervention during a previous shift, and another PSW identified that it was also missing on a prior occasion.

Sources: Clinical health record for resident, licensee policy "Falls Prevention and Management Program" (last updated June 2023).

WRITTEN NOTIFICATION: Pest control

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 94 (2)
Pest control
s. 94 (2) The licensee shall ensure that immediate action is taken to deal with pests.

The licensee has failed to ensure that immediate action was taken to deal with pests.

On a specific date, the inspector, along with a PSW, observed four glue boards set to trap pests. The glue board under the bathroom sink contained multiple dead and live cockroaches, with two more on the floor. The PSW disposed of the glue trap but did not document it in the pest control binder or report it to anyone. The EM acknowledged that they were not aware until the inspector informed them on the next day. The staff were expected to report the issue immediately, as this was an

active infestation.

Sources: Pest control binder, Inspector's observations, interviews with PSW and EM.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #007 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 has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

i) In accordance with Additional Requirement 2.1 under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that the IPAC Lead conducts at minimum, quarterly real-time audits of specific activities performed by staff in the home, including, but not limited to, hand hygiene, selection and donning and doffing of personal protective equipment (PPE). The home completed one audit for housekeeping staff for PPE selection and donning and doffing audit, and one audit for dietary staff for hand hygiene between October to December 2024. The IPAC Lead confirmed that the above mentioned real-time audits should have been completed for all departments, but were

generally not completed during the past quarter for non-nursing departments.

Sources: IPAC audits; and interview with IPAC Lead.

ii) In accordance with Additional Requirement 9.1 (e) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that point-of-care signage to indicate enhanced IPAC control measures were in place for resident, who was on additional precautions. There was an active disease outbreak on the home area at the time of the observation. The IPAC Lead confirmed the resident was symptomatic and began additional precautions three days prior to the observation.

Sources: Inspector's Observation, and interview with IPAC Lead.

WRITTEN NOTIFICATION: Administration of drugs

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 140 (2)
Administration of drugs
s. 140 (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 246/22, s. 140 (2).

The licensee failed to ensure that scheduled medication was administered to a resident at the designated time. A Registered Practical Nurse (RPN) administered the medication later than the scheduled time. The home's policy directs staff to

administer medication within a 15-minute window before or after meals. The Clinical Nurse Manager confirmed that the medication was given outside of the acceptable time range and the prescriber's directions were not followed.

Sources: Medication Admin Audit report, home's policy, "NM-II-D020D- Diabetes - Insulin Administration" (last updated July 2023); and interview with Clinical Nurse Manager.

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