

**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**

Toronto Service Area Office  
5700 Yonge Street 5th Floor  
TORONTO ON M2M 4K5  
Telephone: (416) 325-9660  
Facsimile: (416) 327-4486

Bureau régional de services de  
Toronto  
5700, rue Yonge 5e étage  
TORONTO ON M2M 4K5  
Téléphone: (416) 325-9660  
Télécopieur: (416) 327-4486

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Feb 25, 2022	2022_938758_0004	012354-21, 012909-21, 013985-21	Critical Incident System

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**Licensee/Titulaire de permis**

Copernicus Lodge  
66 Roncesvalles Avenue Toronto ON M6R 3A7

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

Copernicus Lodge  
66 Roncesvalles Avenue Toronto ON M6R 3A7

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

NOREEN FREDERICK (704758), RODOLFO RAMON (704757)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): February 7, 8, 9, 10, 11,14, 15, 16, 17, 2022.**

**The following Critical Incident System (CIS) intakes were completed during this CIS inspection:**

**Log #012354-21 related to unknown cause of fracture,  
Log #012909-21 related to responsive behaviours, and  
Log #013985-21 related to fall prevention and management.**

**A mandatory Infection Prevention and Control (IPAC) checklist was completed.**

**During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Registered Nurse (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeper and resident.**

**During the course of the inspection, inspectors reviewed residents' clinical records, staffing schedules, and observed IPAC practices.**

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

**Falls Prevention  
Infection Prevention and Control  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**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)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Légende

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**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 home's Infection Prevention and Control (IPAC) program related to residents' hand hygiene.

Inspector #704758 conducted lunch observations on two resident home areas on February 7, 2022, and on February 8, 2022, which revealed that Registered Nurse (RN) #105, Personal Support Workers (PSWs) #104, #106, #107, and #108 did not offer or provide assistance with hand hygiene to residents prior to lunch. DOC/IPAC Lead stated that staff were expected to offer or provide assistance to residents with hand hygiene prior to lunch.

By not following the home's hand hygiene program policy, staff placed residents at risk of infection transmission.

Sources: inspector's observations, home's Hand Hygiene Program policy (#IC62 last revised June 2021), interviews with DOC/IPAC Lead and other 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 infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 28th day of February, 2022**

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

**Original report signed by the inspector.**