

**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 29, 2021	2021_833763_0004	022298-20, 022492- 20, 022814-20, 023788-20, 023905-20	Complaint

Licensee/Titulaire de permis

CVH (No. 1) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

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

Craiglee Nursing Home
102 Craiglee Drive Scarborough ON M1N 2M7

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

IANA MOLOGUINA (763)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 2, 3, 4, 5, 8, 9, 16, 17 and 18, 2021.

The following intakes were completed in this Complaint inspection:

- Log #023905-20 was related to waste management.**
- Log #023788-20 was related to pest control.**
- Log #022814-20 was related to alleged neglect.**
- Log #022492-20 and #022298-20 were related to COVID-19 outbreak management and infection prevention and control.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Social Services Worker (SSW), environmental services staff, administration staff, dietary manager and residents.

During the course of this inspection, the inspector reviewed residents' clinical records and conducted observations, including staff-resident interactions, meal observations and resident care provision.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Hospitalization and Change in Condition
Infection Prevention and Control**

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

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

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. 88. Pest control
Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with
pests. O. Reg. 79/10, s. 88 (2).**

Findings/Faits saillants :

1. The licensee has failed to take immediate action to deal with pests.

The home's pest management was reviewed due to a complaint lodged with the Ministry of Long-Term Care (MLTC) that pests were observed on several occasions throughout the building, including resident areas.

The Environmental Services Manager (ESM) indicated that the home had a contract with a licensed pest management company that included weekly routine visits by a pest specialist to monitor and treat any current pest infestations. Although pest activities were adequately monitored at the time of the inspection, the ESM indicated that the pest management company paused routine visits to the home at the beginning of the COVID-19 pandemic, resulting in no routine visits from April 29 to August 14, 2020. The manager indicated that this delay in pest management resulted in an increase in pest sightings by approximately double the typical activity. During this period, no action was taken by the home to deal with the pest sightings. They indicated that there were numerous pest sightings as well as pest droppings observed throughout the building during this delay in visitation. It was not until the manager reached out to the company to request restarting the routine visitation that the pest management company re-initiated their routine visits to the facility.

Sources: pest management company service records and email records, staff interviews (staff #109 and #110), home observations. [s. 88. (2)]

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 in ensuring immediate action is taken to deal with pests, to be implemented voluntarily.

WN #2: 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 staff #121, #118 and #117 participated in the implementation of the home's infection prevention and control program (IPAC) when they failed to wear the required eye protection in resident areas.

The home was not experiencing a respiratory disease outbreak during the time of the inspection, but following recommendations of their local IPAC community partners during the COVID-19 pandemic. ADOC #111 indicated that staff were required to wear eye protection, such as reusable face shields, when in resident home areas. They were to wear gown, gloves, mask and eye protection when providing direct care or when within two metres of residents on droplet/contact precautions.

The inspector observed the following instances of staff not wearing eye protection in resident areas when they were supposed to:

- Staff #118 and #117 were participating in a team meeting at one of the home's nursing stations. They wore a mask but no eye protection during the meeting.
- Staff #121 was observed in a new admission resident room with droplet/contact precautions implemented. Staff #121 had a mask, gown and gloves on with no eye protection used.

All staff observed were aware that they were required to wear eye protection in residents areas.

Sources: observations of resident and staff interactions, droplet/contact precaution signs, staff interviews. [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 in ensuring staff participate in the implementation of the home's IPAC program, to be implemented voluntarily.

Issued on this 20th day of April, 2021

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

Original report signed by the inspector.