

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

Original Public Report

Report Issue Date: February 2, 2024	
Inspection Number: 2024-1284-0001	
Inspection Type: Critical Incident Follow up	
Licensee: Slovenian Linden Foundation	
Long Term Care Home and City: Dom Lipa, Etobicoke	
Lead Inspector Joy Ieraci (665)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 30, 31, 2024 and February 1, 2024

The following intake(s) were inspected:

- Intake: #00098683/Follow-Up Compliance Order #001 from Inspection #2023-1284-0002 related to infection prevention and control (IPAC) and;
- Intake: #00106797/Critical Incident (CI) related to a fall with injury.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1284-0002 related to O. Reg. 246/22, s. 102 (2) (b) inspected by Joy Ieraci (665)

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: HOUSEKEEPING

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for, (b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

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The home has failed to ensure that as part of the organized program of housekeeping, the licensee's procedures were followed for cleaning and disinfection of contact surfaces using at a minimum a low-level disinfectant (LLD).

Rationale and Summary

The LLD the home used to clean and disinfect frequently touched contact surfaces had an expiration date of October 2023.

The Facilities Care Coordinator (FCC) stated that the expired LLD had been used for about two months, at the time of the inspection.

The IPAC Lead stated that expired LLDs were no longer considered a LLD as it had lost its effectiveness when frequently touched contact surfaces were cleaned and disinfected.

The use of expired LLD to clean and disinfect high touch contact surfaces placed the residents and staff at risk of infection transmission since it reduced the effectiveness of the LLD used in the home's housekeeping program.

Sources: Observations in all resident home areas (RHAs); review of the LLD's label and expiration date; and interviews with FCC, IPAC Lead and other staff. [665]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

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s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The home has failed to ensure that the IPAC Lead carried out their responsibilities in ensuring that there was in place a hand hygiene program in accordance with any standard or protocol issued by the Director, which included access to hand hygiene agents at point of care.

Rationale and Summary

Moistened wipes were used by residents in a RHA to perform hand hygiene prior to their meal. Additionally, a registered staff in another RHA, stated the residents performed hand hygiene with the wipes prior to their meal. The wipes did not contain 70-90% alcohol.

The home's hand hygiene program required that alcohol based hand hygiene agents be used when assisting residents with hand hygiene prior to meals.

The IPAC Lead indicated they were not aware if the wipes contained 70-90% alcohol when they were distributed to the RHAs. They confirmed that the wipes did not follow the home's hand hygiene program which required the use of alcohol-based hand rub with 70 to 90% alcohol.

Failure of the IPAC Lead to provide hand hygiene agents that contained 70-90% alcohol, placed the residents at risk of infection.

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Sources: Observations in two RHAs; review of home's Hand Hygiene Program (Staff and Residents), last reviewed October 2023, and; interviews with the IPAC Lead and other staff. [665]