

**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
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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
Nov 15, 2021	2021_642698_0018	010641-21, 011562- 21, 013709-21	Critical Incident System

Licensee/Titulaire de permisThe Reikai Centres
160 Wellesley Street East Toronto ON M4Y 1J2**Long-Term Care Home/Foyer de soins de longue durée**Sherbourne Place
345 Sherbourne Street Toronto ON M5A 2S3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ORALDEEN BROWN (698)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 12-14 and 19-21, 2021.

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

Log #013709-21, CIS #2754-000008-21 and Log #010641-21, CIS #2754-000004-21 were related to falls prevention and management; and Log #011562-21, CIS #2754-000007-21 was related to initial plan of care.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Environmental Services Manager (ESM), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Infection Prevention and Control (IPAC) lead, Behavioral Support Ontario (BSO/PSW) and Maintenance worker.

During the course of the inspection, the inspector(s) conducted observations of residents, staff and resident interactions and the provision of care; conducted review of resident health records, the home's internal investigation notes, complaint records, email complaints, policies and procedures.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Personal Support Services
Safe and Secure Home**

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

**1 WN(s)
0 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure a safe home environment by not implementing the Infection Prevention and Control (IPAC) measure of COVID-19 active screening as

required for all staff, essential visitors and other visitors.

On March 22, 2020, Directive #3 was issued and revised on October 1, 2021, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that all residents of LTCHs were at increased risk of COVID-19. A requirement was made for LTCHs to review their IPAC procedures and implement preventative measures. Homes must ensure that all individuals are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home, including for outdoor visits. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.

The inspector entered the home for the first time to initiate an inspection and experienced that COVID-19 screener, failed to complete active screening when they did not ask the required COVID-19 surveillance questions.

During entrance screening, the screener took the inspector's temperature and requested proof of COVID-19 vaccination. The inspector was given a clean mask while waiting for the staff to complete surveillance monitoring questions which did not occur. The staff indicated that the inspector could enter the facility.

Review of COVID-19 monitoring surveillance documents for four weeks prior to the date of inspection, indicated that there were missing items related to visitors/staff that were not completed and was either left blank or had a straight line drawn through them.

The surveillance documents indicated that there were a total of 197 instances over a four week period, where COVID-19 surveillance screening questions were not documented during active screening by the screener.

During an interview with the screener, they indicated that they had training on active screening prior to working as a COVID-19 screener. They indicated that during active screening, they did not ask everyone entering the home the surveillance screening questions.

Interview with IPAC lead and DOC, indicated that all COVID-19 screeners received training and must actively screen all persons, entering the facility using the surveillance monitoring documents provided by the home.

The lack of active screening for COVID-19 failed to provide a safe home. All staff, visitors and residents were at risk for COVID-19 transmission.

Sources: Observations, Directive #3 (revised October 2021), the home's policy, screening records, interviews with the DOC/ADOC and other staff. [s. 5.]

Issued on this 18th day of November, 2021

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

Original report signed by the inspector.