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

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Original Public Report

Report Issue Date: September 26, 2024

Inspection Number: 2024-1082-0002

Inspection Type:
Complaint
Critical Incident

Licensee: Elm Grove Living Centre Inc.

Long Term Care Home and City: Elm Grove Living Centre, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 3-6, 9-11, 2024.

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

- Intake: #00115080 / (CI) #2515-000004-24 - related to an outbreak.
- Intake: #00119570 / (CI) #2515-000006-24 - related to falls prevention and management.

The following Complaint intake was inspected:

- Intake: #00125092 - related to unknown individuals entered a resident's room.

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

Infection Prevention and Control
Safe and Secure Home

Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)
Plan of care
s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised when the resident's care needs changed.

Rational and Summary:

A resident had an unwitnessed fall and sustained an injury. Their plan of care states that an application of an intervention.

The resident mentioned that they had not received the intervention for the past few weeks.

The Registered Nurse (RN) confirmed that the resident was no longer receiving the intervention and acknowledged that the resident's plan of care should have been reviewed and updated to reflect the resident's current care needs.

The resident's plan of care was updated on September 5, 2024, to discontinue the use of the intervention.

There was no risk identified when the resident's plan of care was not revised when the resident's care needs had changed.

Sources: Resident's record review; Interview with resident and RN.

Date Remedy Implemented: September 5, 2024

WRITTEN NOTIFICATION: Training

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 82 (2) 10.
Training
s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

The licensee failed to ensure that staff received training before performing their responsibilities specifically related to the visitor policy.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that reception staff as part of their orientation received training on the home's policy.

Specifically, staff did not comply with the visitor's policy on ensuring all visitors sign in and sign out when entering and leaving the building.

Rationale and Summary:

A Personal Support Worker (PSW) was assigned receptionist duties on a day in August, 2024. On that day, two unknown visitors entered the home and went to a resident's room without signing in the visitor's book.

According to the PSW, the visitors refused to sign the visitor's book. The PSW reported that they had not received training on the visitor's policy, specifically what to do if a visitor refuses to sign in.

A review of the Reception Orientation Checklist indicated that ensuring all visitors sign in and sign out when entering and leaving the building was not covered during PSW's training/orientation.

Failure to ensure staff receive training on the visitor's policy may compromise their ability to follow proper protocol when necessary.

Sources: Review of Reception-Specific Orientation Checklist; Visitor Safety Policy, last reviewed April 2023; Interview with PSW.

WRITTEN NOTIFICATION: Falls prevention and management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident had a fall, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Rational and Summary:

On June 21, 2024, a resident experienced an unwitnessed fall and was sent to the hospital. A review of the resident's clinical records showed that a post-fall assessment was not completed after the fall.

The RN acknowledged that they should have completed a post-fall assessment using clinically appropriate assessment instrument for the resident after they fall.

Failure to complete a post-fall assessment increases the risk of undetected injuries and reduces the opportunity to implement timely preventative measures.

Sources: Resident's clinical records; Interview with RN.

WRITTEN NOTIFICATION: Housekeeping

NC #004 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;

The licensee has failed to ensure that cleaning and disinfection was used in accordance with manufacturer's specifications and using, at a minimum, a low-level disinfectant in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

Rationale and Summary:

On September 3, 2024, it was observed that a disinfectant cleaning product had expired in October 2023. Housekeeping Supervisor stated that staff uses the disinfectant cleaner to clean high-touch surfaces on resident's home areas. During the inspector's observation, Housekeeping Supervisor acknowledged the expired product.

Both Housekeeping Supervisor and Infection prevention and control (IPAC) Lead acknowledged that staff should not be using expired disinfectant cleaning products.

Using expired cleaning products may result in ineffective disinfection, increasing the risk of the spread of infections and harmful pathogens.

Sources: Inspector's Observation; Interview with Housekeeping Supervisor and IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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 IPAC standard for long-term care homes, revised September 2023, was implemented in accordance with the standard.

Specifically: Additional Precautions section 11.6 Additional Screening requirements: Post signage at entrances and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease was suspected or confirmed in any individual.

Rationale and Summary:

Upon entry to the home on September 3, 2024, and September 4, 2024, it was observed that the home had not posted signage at the entrance and throughout the home listing the signs and symptoms of infections for self-monitoring, as well as the necessary steps to take if an infection was suspected or confirmed in any individual.

The IPAC lead confirmed that signage related to the signs and symptoms of

infectious diseases for self-monitoring had not been posted.

Failure to post appropriate screening signage with self-monitoring procedures within the home put residents at risk, as visitors may not be aware to self-monitor for signs and symptoms of infection.

Sources: Observations; interview with IPAC Lead; Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022 and Revised September 2023.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 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
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 licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, IPAC Standard for Long-Term Care Homes, s. 9.1 (b) states that the licensee shall ensure that Routine Practices and Additional Precautions were followed in the IPAC program. At minimum Routine Practices shall include: Hand

hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

Rationale and Summary:

On September 3, 2024, a PSW was observed feeding a resident without performing hand hygiene. The PSW confirmed that they did not perform hand hygiene prior to feeding the resident and acknowledged that they should have.

The IPAC Lead stated that staff were required to perform hand hygiene before and after contact with the resident.

Failure to follow proper hand hygiene practices poses an increased risk of exposure to infection transmission.

Sources: Inspector's observations, interviews with PSW and IPAC Lead, and review of IPAC standards for Long-Term Care Homes, April 2022 (Revised September 2023).