Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East Service Area Office
33 King Street West, 4th Floor
Oshawa ON L1H 1A1
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CentralEastSAO.moh@ontario.ca

Original Public Report

Report Issue Date May 11, 2022
Inspection Number 2022_1054_0001
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Extendicare (Canada) Inc.

Long-Term Care Home and City
Extendicare Guildwood, Scarborough

Lead Inspector
Susan Semeredy (501)

Additional Inspector(s)
Jack Shi (760)
Nicole Lemieux (721709)

Inspector Digital Signature
Susan L Semeredy
Digitally signed by Susan L Semeredy
DN: c=ca, st=on, o=Government of Ontario, ou=People, serialNumber=DSAP284106, cn=Susan L Semeredy
Date: 2022.05.13 12:49:26 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 3, 4, 5, 2022.

The following intake(s) were inspected:

- Log #007881-22 related to the prevention of abuse and neglect
- Log #007713-22 related to the prevention of abuse and neglect
- Log #006876-22 related to the prevention of abuse and neglect
- Log #005410-22 related to the prevention of abuse and neglect
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control (IPAC)
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION POLICIES AND RECORDS

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

Non-compliance with: O. Reg. 246/22 s. 11 (1) b

The licensee has failed to ensure essential caregivers complied with the home's visitor policy.

Rationale and Summary

Fixing Long Term Care Homes Act (FLTCHA) Regulation s. 267 (1) (c) requires a long-term care home to establish a visitor's policy, which at a minimum complies with all applicable directives issued by the medical officers of health.

Specifically, the essential caregivers in the home did not comply with the home's policy and procedure titled, "Visitor Policy", dated April 2022. The policy states that all visitors adhere to the Infection Prevention and Control (IPAC) protocols including utilizing the required personal protective equipment (PPE).

Two separate observations demonstrated that two essential caregivers were not wearing the required PPE while inside the resident's rooms. Both residents were on contact/droplet precautions, as their unit was on a declared COVID-19 outbreak.

The Assistant Administrator stated that the essential caregivers should have been wearing the required PPE.

Failure to adhere to the appropriate IPAC practices in the home may result in further spread of infectious diseases such as COVID-19.

Sources: Observations, interviews with essential caregivers and Assistant Administrator and the home's "Visitor Policy", dated April 2022. [760]

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 (2) b

The licensee has failed to ensure that the infection, prevention and control (IPAC) standard issued by the Director was followed.

Rationale and Summary

In the Standard for Long-Term Care Homes issued by the Director, dated April 2022, under section 10.4 (h), it states residents are to receive hand hygiene prior to receiving meals and snacks.

An observation noted residents were sitting in the dining room and prepared to have their meal. Drinks were being poured and served to residents at this time. The inspector proceeded to speak with a Personal Support Worker (PSW) and asked if the residents received hand hygiene. The PSW then went to inform their colleagues to initiate hand hygiene for the residents. The Assistant Administrator stated it would be expectation of the home to ensure residents are provided hand hygiene before their meals. Failure to provide residents with hand hygiene before their meals may result in further spread of infectious diseases.

Sources: Observation, IPAC Standard, dated April 2022 and interviews with Assistant Administrator and other staff. [760]

WRITTEN NOTIFICATION DUTY TO PROTECT

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

Non-compliance with: LTCHA, 2007, s. 19(1)

The licensee has failed to ensure that a resident was protected from verbal abuse by a PSW.

Section 2 of the Ontario Regulation 79/10 defined verbal abuse as any form of verbal communication of a threatening or intimidating nature or any form of verbal communication of a belittling or degrading nature which diminishes a resident's sense of well-being, dignity or self-worth, that is made by anyone other than a resident.

Rationale and Summary

Video surveillance indicated a PSW followed a resident down the hallway to their room. After a short time, both exited the room, and the resident was having a verbal exchange with the PSW. The resident appeared to be struggling and the PSW was not providing assistance. A visitor from another room came out of the room and spoke with the PSW.

The visitor indicated that they witnessed the PSW speaking with the resident in a harsh tone stating that that they were not going to help the resident. According to the visitor the resident appeared upset.

The DOC confirmed the home concluded the PSW verbally abused the resident.

The home's failure to protect a resident from verbal abuse caused undue emotional distress.

Sources: The home's investigation notes, video surveillance recording and interviews with a visitor, the DOC and other staff. [501]

COMPLIANCE ORDER [CO#001] INFECTION PREVENTION AND CONTROL PROGRAM

NC#004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 102 (8)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

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The Licensee has failed to comply with O. Reg. 246/22 s. 102 (8).

The licensee shall:

a) Educate two staff members on the appropriate usage of personal protective equipment (PPE) in the home. Ensure a copy of the education materials is documented, along with the date and the person providing the education.

b) After the education is provided, conduct a weekly audit when the home is in a confirmed outbreak to ensure these two staff members comply with the appropriate PPE practices while working in the affected areas in the home. The audit is not limited to but shall include:

i) The person performing the audit.
ii) The date that the audit is being conducted.
iii) The location that the audit is being conducted.
iv) The corrective measures taken to address any areas of non-compliance to appropriate PPE practices in the home.

c) Document and keep records of the education and the audit.

Grounds

Non-compliance with: O. Reg. 246/22 s. 102 (8)

The licensee has failed to ensure that staff followed the home's IPAC program.

Rationale and Summary

During the time of this inspection, the home was in a confirmed COVID-19 outbreak and one of the units was in contact and droplet precautions. The Clinical Coordinator stated staff were required to wear eye protection while on the unit, including the hallways and common areas.

Observations noted the following:

- A manager was seen in the hallways of the affected unit without their eye protection and confirmed the home's expectation would be for all staff to wear eye protection while on the unit.
- A staff member was seen without their eye protection while they were handling soiled garbage. The staff member was reminded by the nursing staff to wear their eye protection on the unit but did not immediately stop to find eye protection to wear and continued with their task.
- Another staff member was seen inside a resident room handling the resident's linen without wearing gloves. The resident was on contact/droplet precautions. The Clinical Coordinator stated that gloves should be made available at the point of care before the staff enter the resident's room and that this PSW should not have been touching the resident's linen without wearing their gloves.

Failure to follow appropriate IPAC practices inside a confirmed outbreak unit may result in further spread of infectious diseases, including COVID-19.

Sources: Observations and interviews with the Clinical Coordinator and other staff. [760]

This order must be complied with by June 22, 2022

REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.

- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West,9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.