

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: October 30, 2024	
Inspection Number: 2024-1086-0004	
Inspection Type: Critical Incident Follow up	
Licensee: Chartwell Master Care LP	
Long Term Care Home and City: Chartwell Gibson Long Term Care Residence, North York	
Lead Inspector Faresha Mohammed (000825)	Inspector Digital Signature
Additional Inspector(s) Lisa Salonen Mackay (000761)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 16 - 22, 2024, October 23, 2024.

The follow up intake(s) were inspected:
 • Intake: #00123658; Intake: #00123659 - related to Compliance Order No. 001 and 002 under Inspection #2024-1086-0003.

The following Critical Incident System intake was inspected:
 • Intake: #00123991 - 2556-000017-24 - related to Infection Prevention and Control (IPAC)

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Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1086-0003 related to O. Reg. 246/22, s. 102 (9)

Order #001 from Inspection #2024-1086-0003 related to O. Reg. 246/22, s. 102 (2) (b)

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

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 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 any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, section 9.1 states "the licensee shall ensure that Routine Practices and Additional Precautions are followed in the Infection Prevention and Control (IPAC)

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program. At a minimum, Routine Practices shall include hand hygiene, including, but not limited to, 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:

A Personal Support Worker (PSW) and PSW student entered and exited a resident room without performing hand hygiene. The PSW recognized that not performing hand hygiene as required created risk for transmission of infectious agents.

The IPAC Lead stated all staff are expected to follow the four moments of hand hygiene.

Failure to complete hand hygiene before and after contact with a resident environment places residents at risk of exposure to infectious agents.

Sources: IPAC Observation on one Resident Home Area (RHA); Hand Hygiene Program Policy last revised August 2024; interviews with IPAC Lead and PSW.

COMPLIANCE ORDER CO #001 Housekeeping

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

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,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact

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surfaces and wall surfaces, and

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Provide training to a housekeeper on a particular RHA on the home's cleaning and disinfection policy, specifically about bathroom cleaning procedures and the use of microfiber cloths and gloves in resident rooms.
- 2) Maintain a record of the training from step 1, including the content of the education, the date the training took place, the staff member(s) who received the education, and the staff member(s) who provided the education.
- 3) Conduct housekeeping audits on a housekeeper on a particular for a three-week period, with a specific focus on bathroom cleaning procedures and the use of microfiber cloths and gloves in resident rooms.
- 4) Maintain a record of the audits from step 3, including the date the audits were completed, name and designation of who conducted the audits, the name of the staff being audited, the results of each audit and actions taken in response to the audit findings.

Grounds

The licensee failed to ensure their resident room basic cleaning procedures were complied with.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee is required to ensure that

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their required policies are complied with. Specifically, staff did not comply with the home's policy "Standard Operating Procedure: Resident Room - Basic Cleaning", NO. ALL-ON-500-11.11.

Rationale and Summary

A housekeeper used a microfiber cloth in a resident bathroom to wipe the toilet tank, top and bottom of the toilet seat lid, and top and bottom of the toilet seat. They then took the same cloth to wipe the bathroom sink counter, faucet, faucet handles, and mirror, then wiped the outside of the toilet bowl, and then wiped the soap dispenser by the sink.

The home's procedure for resident room basic cleaning outlined that the resident bathroom sink, and vanity are cleaned and disinfected first with a microfiber cloth, and then the toilet is to be cleaned with a new microfiber cloth.

The Environmental Service Manager (ESM) stated that the technique used by the housekeeper was not in accordance with the home's policy.

Additionally, the housekeeper cleaned multiple resident rooms and bathrooms wearing the same pair of gloves. They acknowledged that they are supposed to dispose of their gloves and complete hand hygiene upon exit of each resident room, and not doing so creates risk for the spread of microorganisms.

The home's procedure for resident room basic cleaning outlined that after cleaning of resident bathrooms, gloves are to be removed, and hand hygiene completed. Additionally, the policy specified that staff must use a new set of gloves when moving to another resident area.

Failure to follow the home's procedure for resident room cleaning created risk for

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the contamination of several contact surfaces in multiple resident rooms.

Sources: IPAC observation on one RHA; Standard Operating Procedure: Resident Room - Basic Cleaning, NO. ALL-ON-500-11.11; interviews with housekeeper, IPAC Lead and ESM.

This order must be complied with by December 6, 2024

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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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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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
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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.