

**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
Inspection de soins de longue durée**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
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Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 22, 2021	2021_861194_0003	024034-20, 001326- 21, 003925-21	Critical Incident System

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

Long-Term Care Home/Foyer de soins de longue durée

Extendicare Oshawa
82 Park Road North Oshawa ON L1J 4L1

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

CHANTAL LAFRENIERE (194)

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): May 17, 18, 19, 20, 25, 26, 27, and 28, 2021

The inspection included three critical incidents, related to a resident fall, resident to resident abuse and allegations of staff to resident abuse

During the course of the inspection, the inspector(s) spoke with Residents, Assistant Administrator (AA), Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Worker (PSW), Public Health Nurse, Environmental Service Supervisor (ESM), Housekeeper (HSK) and Behaviour Support Nurse (BSO).

During the course of the inspection the Inspector observed infection control practices, staff to resident provision of care, resident to resident interaction. The Inspector reviewed identified resident's clinical health records, COVID-19 screening and testing records, relevant policies related to infection control and abuse.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Safe and Secure Home

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

2 WN(s)

1 VPC(s)

1 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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that all staff participated in the implementation of the

Infection and Prevention Program (IPAC).

The following IPAC concerns were identified by Inspector #194 in the home:

Resident #001, #002 and #003 were observed with droplet and contact precautions signage and PPE available for staff use. PSW #103 entered resident #002's room without putting on full PPE. The PSW exited the resident room, after being within six feet of the resident, without removing their mask, disinfecting their eye protective wear or completing hand hygiene. PSW #104 entered resident #002's room without full PPE. The PSW exited the resident room, after being within six feet of the resident, without removing their mask, disinfecting their eye protective wear. PSW #102 and #103 were observed exiting resident #003's room, without disinfecting their eye protective wear. PSW #102 and #103 confirmed that when exiting resident rooms with droplet and contact precautions, that their eye protective wear would not be disinfected as it became too hard to see through. PSW #104 stated that when entering and exiting a resident room in isolation with droplet and contact precaution, there was no need to put on full PPE or remove mask and disinfect their eye protective wear, as posted on the door, if the staff was not providing care to the resident.

Four residents were diagnosed with an infection and were to be placed on contact precautions, but there were no contact precaution signage posted or PPE available outside the resident's room.

An RN was unable to verify if one resident required contact precautions as indicated in the plan of care. An RPN reviewed a report in Point Click Care (PCC) that identified the resident with an infection. The RPN was unable to verify if the residents identified in the report required contact precautions. A PSW confirmed that there were no contact precautions taken when providing direct personal care to one of the residents. Another PSW confirmed that there were no contact precautions taken when providing direct personal care for another identified resident.

RN confirmed that the daily 24-hour symptom surveillance form were to be completed every shift, for symptomatic residents until the resident became asymptomatic. A resident was identified on the 24-hour symptom surveillance form with symptoms of infection and every shift monitoring was not completed for three days. Failing to follow IPAC practices of appropriate signage, proper donning and doffing of PPE, and monitoring of symptoms of infections, increases the risk of transmission of infections to between residents and staff.

Sources: Observation of resident rooms, review of the plan of care for residents. Review of the progress notes for a resident, 24-hour symptom surveillance form and interview with staff [s. 229. (4)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: 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 failed to ensure that the home is a safe and secure environment for residents, related to Directive #3.

Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 (updated May 4, 2021),

-For partially immunized or unimmunized residents: A lab-based PCR test is required at time of admission/transfer as above, and the resident must be placed in isolation on Droplet and Contact Precautions for a minimum of 10 days. A second negative lab-based PCR test result collected on day 8 is required to discontinue isolation on Droplet and Contact Precautions on day 10; if this second test is not obtained, isolation on Droplet and Contact Precautions must be maintained until day 14.

-All individuals must be actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the LTCH. For clarity, staff and visitors must be actively screened once per day at the beginning of their shift or visit.

-Daily Symptom Screening of All Residents. All residents must be assessed at least twice daily (once during the day and once during the evening) for signs and symptoms of COVID-19, including temperature checks.

-Surveillance Testing. Surveillance testing refers to routine testing of asymptomatic staff and visitors who have not been exposed to COVID-19. This is different from COVID-19 testing of individuals who are symptomatic, have had high risk exposure, and/or in an

outbreak setting as directed by the local public health unit.

-LTCHs must follow the requirements in the Minister's Directive COVID-19: Long-Term Care Homes Surveillance Testing and Access to Homes or as amended, that Antigen Point of Care Testing (POCT) may be performed 2-3 times per week.

The Assistant Administrator (AA) confirmed that active screening and testing of staff and essential visitors for COVID-19 were being completed.

On a specific date, 12 staff screening logs were incomplete, 25 Essential Caregivers did not complete the COVID-19 Rapid Testing Triage Log, 2 essential caregivers were identified to not have been provided the rapid antigen testing as required.

On another specific date, 6 staff screening logs were incomplete, 27 Essential Caregivers did not complete the COVID-19 Rapid Testing Triage Log, 2 essential caregivers were identified to not have been provided the rapid antigen testing as required.

On another specific date, 15 staff screening logs were incomplete, 27 Essential Caregivers did not complete the COVID-19 Rapid Testing Triage Log, 2 essential caregivers and 2 staff were identified to not have been provided the rapid antigen testing as required.

The AA confirmed that twice daily COVID-19 screening were being completed for residents. On three dates there were 32 residents that did not receive twice daily active screening, specifically temperatures checks. On another date, 30 residents did not receive twice daily active screening, including temperatures checks.

A resident who was partially immunized, asymptomatic, and had a negative Polymerase Chain Reaction (PCR) test, was admitted to the home. A PSW confirmed that the resident, was in isolation under droplet and contact precaution for COVID-19. The following day an RN confirmed that the resident had been asymptomatic since admission. Directive #3 dated May 4, 2021, directed that partially immunized residents with a negative PCR, would be retested on day 8 and removed from isolation on day 10 with a negative test result. The resident remained in isolation for 4 days more than was required. Failing to complete twice daily active screening of residents, actively screening and testing of staff and essential caregivers and decreasing the isolation periods for resident as per Directive #3 dated May 4, 2021, increased the risk of unidentified infections of COVID-19, and lengthen periods of isolation could affect the resident's well

being.

Sources: Resident clinical health records, Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 (updated May 4, 2021), Staff screening logs and Rapid Testing triage logs for COVID-19, Rapid Antigen Testing records, resident COVID-19 screening records in Point of care (PCC) and interview with staff. [s. 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring that the home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 23rd day of June, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : CHANTAL LAFRENIERE (194)

Inspection No. /

No de l'inspection : 2021_861194_0003

Log No. /

No de registre : 024034-20, 001326-21, 003925-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Jun 22, 2021

Licensee /

Titulaire de permis : Extendicare (Canada) Inc.
3000 Steeles Avenue East, Suite 103, Markham, ON,
L3R-4T9

LTC Home /

Foyer de SLD : Extendicare Oshawa
82 Park Road North, Oshawa, ON, L1J-4L1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Deborah Woods

To Extendicare (Canada) Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with O.Reg 79/10, s. 229(4).

Specifically, the licensee must do the following:

1. Place appropriate IPAC/PPE/Precautionary signage at the resident doorway according to Public Health (PH) guidelines.
2. Staff must don and doff appropriate PPE for any residents on isolation precautions.
3. Staff must ensure that on every shift, symptoms indicating presence of infection in residents are monitored in accordance to Evidence Based Practice.

Grounds / Motifs :

1. 1. The licensee failed to ensure that all staff participated in the implementation of the Infection and Prevention Program (IPAC).

The following IPAC concerns were identified by Inspector #194 in the home:

Resident #001, #002 and #003 were observed with droplet and contact precautions signage and PPE available for staff use. PSW #103 entered resident #002's room without putting on full PPE. The PSW exited the resident room, after being within six feet of the resident, without removing their mask, disinfecting their eye protective wear or completing hand hygiene. PSW #104 entered resident #002's room without full PPE. The PSW exited the resident room, after being within six feet of the resident, without removing their mask, disinfecting their eye protective wear. PSW #102 and #103 were observed exiting resident #003's room, without disinfecting their eye protective wear. PSW

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

#102 and #103 confirmed that when exiting resident rooms with droplet and contact precautions, that their eye protective wear would not be disinfected as it became too hard to see through. PSW #104 stated that when entering and exiting a resident room in isolation with droplet and contact precaution, there was no need to put on full PPE or remove mask and disinfect their eye protective wear, as posted on the door, if the staff was not providing care to the resident.

Four residents were diagnosed with an infection and were to be placed on contact precautions, but there were no contact precaution signage posted or PPE available outside the resident's room.

An RN was unable to verify if one resident required contact precautions as indicated in the plan of care. An RPN reviewed a report in Point Click Care (PCC) that identified the resident with an infection. The RPN was unable to verify if the residents identified in the report required contact precautions. A PSW confirmed that there were no contact precautions taken when providing direct personal care to one of the residents. Another PSW confirmed that there were no contact precautions taken when providing direct personal care for another identified resident.

RN confirmed that the daily 24-hour symptom surveillance form were to be completed every shift, for symptomatic residents until the resident became asymptomatic. A resident was identified on the 24-hour symptom surveillance form with symptoms of infection and every shift monitoring was not completed for three days. Failing to follow IPAC practices of appropriate signage, proper donning and doffing of PPE, and monitoring of symptoms of infections, increases the risk of transmission of infections to between residents and staff.

Sources: Observation of resident rooms, review of the plan of care for residents. Review of the progress notes for a resident, 24-hour symptom surveillance form and interview with staff [s. 229. (4)]

An order was made by taking the following factors into account:

Severity: There was actual risk of harm to the residents because there was potential for possible transmission of infectious agents due to the staff not

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

participating in the implementation of the IPAC program.

Scope: The scope of this non-compliance was widespread as the IPAC related concerns were identified through out the home, and has the potential to affect a large number of the LTCH's residents.

Compliance History: A Voluntary Plan of Correction (VPC) was issued to O. Reg 79/10, s. 229(4) on October 20, 2020.

(194)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Jul 06, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 22nd day of June, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Chantal Lafreniere

Service Area Office /

Bureau régional de services : Central East Service Area Office