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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: January 16, 2025
Inspection Number: 2025-1546-0001
Inspection Type: Proactive Compliance Inspection
Licensee: Regional Municipality of Durham
Long Term Care Home and City: Fairview Lodge, Whitby

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 6 - 10, 13 -15, 2025

The following intake(s) were inspected:

- - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 23 (2) (d)
Infection prevention and control program
s. 23 (2) The infection prevention and control program must include,
(d) measures to prevent the transmission of infections;

The licensee has failed to implement measures to prevent the transmission of infection by storing resident care supplies for multiple residents together.

During the Proactive Compliance Inspection (PCI) observations in the home's tub and shower spa rooms were found to have resident care equipment and toiletries for multiple residents stored together.

The IPAC Lead indicated that the expectation of the home is that resident care items should be stored separately to prevent cross contamination and acknowledged disposable razors are single use and should have been discarded.

Sources: Observations, Cleaning and Disinfecting Resident Care and Medical Equipment Policy, Interviews with IPAC Lead.

WRITTEN NOTIFICATION: Emergency plans

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (5) 4.
Emergency plans
s. 268 (5) The licensee shall ensure that the emergency plans address the following

components:
4. Specific staff roles and responsibilities.

The licensee has failed to ensure that the Long-Term Care Homes (LTCH) emergency plans specify specific staff roles and responsibilities for Heating, Ventilation and Air Conditioning (HVAC) system breakdowns, including heat loss. The Environmental Service Manager (ESM) confirmed that the policy for managing emergencies related to heat loss and HVAC does not contain specific staff roles and responsibilities.

Sources: Loss of Essential Services Policy, Interview with ESM.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

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

1. The IPAC Lead or designate will educate the Registered nursing staff, including agency staff, on the expectations that on every shift symptoms of infections are monitored and recorded.

2. Keep a written record of the education provided and list of the staff who received the education. The written record is to include education content, date of education, staff name and signature.

3. The IPAC Lead is to conduct a written daily audit for a period of four weeks to ensure that on every shift symptoms of infections are monitored and recorded. The audit is to include the corrective action taken when symptoms of infection are not monitored and recorded on every shift.

4. Keep a documented record of the education and audits completed and make immediately available to Inspectors upon request.

Grounds
The licensee has failed to ensure that, on every shift, symptoms indicating the presence of infection were monitored for three identified residents.

During a Proactive Compliance Inspection (PCI) a resident was observed to be on Droplet Contact precautions. Review of the resident 's electronic health records showed that they were not monitored on every shift during their isolation duration.

As part of the PCI the home's previous outbreak line list was compared to the electronic health records of two identified residents and it was identified that the residents were not monitored on every shift during their isolation duration.

The IPAC Lead confirmed that it was the expectation of the home to monitor residents on isolation for presence of infection on every shift and record them in the electronic health record.

Failure to ensure that the identified residents were monitored, on every shift, have placed the residents at increased risk of disease transmission.

Sources: The home's outbreak line list's, resident's electronic health records, and an Interview with IPAC Lead.

This order must be complied with by April 11, 2025

COMPLIANCE ORDER CO #002 CMOH and MOH

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health, or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

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

Specifically, the licensee shall:
1. Complete an inventory of the alcohol-based hand rub (ABHR) stock with expiry dates and keep this inventory list to ensure ABHR is not expired and accessible for use.

2. The IPAC lead is to develop and implement a written process to ensure that all alcohol-based hand rub (ABHR) in the home is not expired.

3. The IPAC Lead or designate is to conduct an audit of all resident rooms, spa rooms, and common areas to ensure that the ABHR is not expired and implement corrective action for any deficiencies found.

4. Keep a copy of the written process and documentation of all audits and make available to Inspectors immediately upon request.

Grounds
The licensee failed to ensure that a guidance document issued by the Chief Medical Office of Health, was followed specifically ensuring that the Alcohol based hand rub (ABHR) was not expired.

In accordance with, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, April 2024, ABHR is not to be expired.

During observations at the home's Proactive Compliance Inspection (PCI) expired ABHR units were found in two tub and shower rooms, and two resident rooms. In one dining room staff confirmed they used expired hand sanitizer bottle on residents prior to meal service.

The IPAC Lead acknowledged that it is the home's expectation that ABHR be readily available and not expired.

By not having access to ABHR that was not expired, there was an increased risk of microorganism's transmission among the residents and staff.

Sources: LTCH's Inspector observation, and interviews with staff and the IPAC Lead.

This order must be complied with by April 11, 2025

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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
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:

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
e-mail: 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.