

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

Public Report

Report Issue Date: March 13, 2025

Inspection Number: 2025-1547-0001

Inspection Type:

Proactive Compliance Inspection

Licensee: City of Toronto

Long Term Care Home and City: Fudger House, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 25-28 and March 4-7, 10, 11, 13, 2025.

The inspection occurred offsite on the following date(s): March 12, 2025.

The following intake(s) were inspected:

Intake: #00140531 - Proactive Compliance Inspection (PCI).

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- 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

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

Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a resident received a dietary intervention as specified in their plan of care.

Sources: Observation; resident's plan of care; and staff interview.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 23 (2) (e)

Infection prevention and control program

s. 23 (2) The infection prevention and control program must include,
(e) a hand hygiene program; and

The licensee has failed to comply with the hand hygiene program which was a component of the home's Infection Prevention and Control (IPAC) program.

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

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the IPAC program includes a hand hygiene program and must be complied with.

Specifically, a staff member did not comply with the policy “Hand Hygiene”, revised July 2024, when they failed to sanitize their hands for a full 15 seconds on multiple occasions.

Sources: Observations; and review of the home’s Hand Hygiene policy (#IC-0606-01, revised July 2024).

WRITTEN NOTIFICATION: Bathing

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

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident’s hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice. A resident did not receive a shower on their scheduled bath days twice in the previous month.

Sources: Resident’s clinical records; and interview with the resident.

WRITTEN NOTIFICATION: Skin and Wound Care

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (1) 3.

Skin and wound care

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

s. 55 (1) The skin and wound care program must, at a minimum, provide for the following:

3. Strategies to transfer and position residents to reduce and prevent skin breakdown and reduce and relieve pressure, including the use of equipment, supplies, devices and positioning aids.

The licensee has failed to ensure that a pressure relieving device was applied for a resident to maintain skin integrity.

A resident was not wearing a pressure relieving device as indicated in their plan of care.

Sources: Observations; resident's clinical records; and staff interview.

WRITTEN NOTIFICATION: Dining and Snack Service

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 8.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

8. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The licensee has failed to ensure that a resident was provided with an eating aid required to safely eat and drink comfortably.

Sources: Observation; resident's plan of care; and staff interviews.

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

WRITTEN NOTIFICATION: Dining and Snack Service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee failed to ensure that proper techniques and safe positioning was used to assist a resident with eating when a staff member stood over the resident and fed them while they were in a reclined position. The resident's plan of care indicated that they should be upright while eating.

Sources: Observations; resident's clinical records; and staff interview.

WRITTEN NOTIFICATION: Housekeeping

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

(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:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

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

The licensee has failed to ensure that a shared residents' care equipment was disinfected after use.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee was required to ensure that procedures were developed and implemented for cleaning and disinfection of the resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs.

Specifically, a staff member failed to comply with the home's Cleaning and Disinfection of Medical Equipment/Devices policy, which required staff to disinfect shared equipment between uses with a low level disinfectant wipe.

Sources: Observation; review of home's Infection Control - Cleaning and Disinfection of Medical Equipment/Devices policy (revised July 2024); staff interview.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #008 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 issued by the Director was complied with.

In accordance with Additional Requirement 9.1(d) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a staff member donned Personal Protective Equipment (PPE)

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

in the appropriate sequence before providing direct care to a resident on additional precautions.

Source: Observations; review of review of “IPAC Standard for Long-Term Care Homes, revised September 2023” and Public Health Ontario's (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions, revised November 2012.

WRITTEN NOTIFICATION: Medication Management System

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with their Medication Management System related to administration of controlled medications.

In Accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the Medication Management System was complied with. Specifically, staff did not comply with the home's policy directing them to immediately document the administration of narcotics in the Narcotics and Controlled Drug Administration Record (NCDAR) and complete the narcotic shift change count with both incoming and outgoing nurses.

i) A staff member did not document the narcotics administered to a resident in their NCDAR at the time of administration.

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

Sources: Observations; a resident's NCDAR; Narcotic Drug Binder; Medication Management-Narcotic and Controlled Medications (Policy Number: MM-0106-00); and staff interview.

ii) A staff member independently counted and signed off the end of shift NCDAR hours before their shift ended, rather than completing the narcotic count with another nurse at shift change as per the home's policy.

Sources: Observations; Narcotic Drug Binder; Medication Management-Narcotic and Controlled Medications (Policy Number: MM-0106-00); staff interview.