

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 15, 2024

Inspection Number: 2024-1096-0003

Inspection Type:

Critical Incident

Licensee: Heritage Nursing Homes Inc.

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 7-9, 2024

The following intake(s) were inspected:

- Intake: #00119971/Critical Incident (CI) #2582-000014-24 – related to a fall with injury
- Intake: #00122630/CI #2582-000017-24 – related to disease outbreak

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

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Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (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 licensee has failed to ensure that all applicable directives or recommendations issued by the Chief Medical Officer of Health (CMOH) was followed by the home, in relation to alcohol-based hand rub (ABHR). Specifically, ABHR must not be expired as required by 3.1 IPAC Measures under Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 2024.

Rationale and Summary

An expired ABHR was observed mounted on the wall with expiry date of June 30, 2024. This was confirmed by the staff. The expired ABHR was replaced the next day.

Failure to ensure that the ABHR was not expired may increase the risk of transmission of infectious microorganisms.

Sources: Observations in the home and staff interview.

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Date Remedy Implemented: October 8, 2024

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)

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 implement the appropriate application of surgical masks as prevention of infection transmission for respiratory season.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, revised September 2022, section 9.1(f) states at minimum, additional precautions shall include appropriate selection application, removal, and disposal of Personal Protective Equipment (PPE). Specifically, staff did not wear their PPE correctly.

Rationale and Summary

Staff were observed wearing surgical masks with their nose exposed. The next day,

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another staff was observed wearing their surgical mask below their nose while performing their task.

The home's policy indicated appropriate mask use should securely cover mouth and nose.

Staff acknowledged that masks should securely cover their mouth and nose.

Failure to apply PPE appropriately may increase the risk of infection transmission and spread.

Sources: Observations in the home, Personal Protective Equipment (PPE) (Revised August 2024) and staff interviews.