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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002
torontosao.moh@ontario.ca

Amended Public Report (A1)

Report Issue Date: October 17, 2022	
Inspection Number: 2022-1337-0002	
Inspection Type: Follow up	
Licensee: The Kensington Health Centre	
Long Term Care Home and City: The Kensington Gardens, Toronto	
Inspector who Amended Wing-Yee Sun (708239)	**Inspector who Amended Digital Signature** Wing Yee Sun 2022.11.17 10:51:19 -05'00'

AMENDED INSPECTION REPORT SUMMARY

This licensee inspection report has been revised to reflect the inspection number (2022-1337-0001) under which CO #001 was issued. The Follow-Up inspection, 2022-1337-0002 was completed on September 28-30, 2022.

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
September 28-30, 2022

The following intake(s) were inspected:

- Intake: #00003821-Follow up to CO #001 from inspection #2022_1337_0001/008347-21, 021080-21 regarding s. 6 (7) - plan of care. CDD July 28, 2022.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
FLTCA, 2021	s. 6 (7)	2022-1337-0001	#001	Wing-Yee Sun (708239)

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

Infection Prevention and Control
Resident Care and Support Services

INSPECTION RESULTS

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 #01 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 102 (7) 11.

The licensee failed to ensure that there was a hand hygiene program in place in accordance with a standard issued by the Director.

The licensee failed to implement measures in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022" (IPAC Standard). Specifically, section 10.1 requiring the licensee to ensure that the hand hygiene program included access to hand hygiene agents, including 70-90 percent Alcohol-Based Hand Rub (ABHR).

It was observed that the ABHR on the nursing medication cart, vitals machine, along with supplies stored in the medication room located in a specified home area were expired, and a resident was observed being assisted to perform hand hygiene using this expired product.

A Registered Practical Nurse (RPN) acknowledged that the ABHR was expired, and immediately discarded the expired product. The IPAC Lead indicated that these products were less effective and

would not provide full protection.

Sources: Observations in home area, and interview with a RPN and the IPAC Lead.

Date Remedy Implemented: September 28, 2022

[740880]

NC #02 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 93 (2) (b) (iii)

The licensee failed to ensure that cleaning and disinfection was 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.

It was observed that the disinfecting wipes located in the activity rooms on two home areas were expired.

Two RPNs acknowledged that the disinfecting wipes were expired, and that they should not be utilized by the staff. In an interview with the IPAC Lead, they indicated that these products were no longer effective.

The expired disinfecting wipes in the activity room on one specified home area were immediately discarded by a RPN. When the Inspector followed up, the expired disinfecting wipes on the other home area was also removed.

Sources: Observations in home areas, and interview with two RPNs.

Date Remedy Implemented: September 30, 2022

[740880]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #03 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure any standard issued by the Director with respect to IPAC was implemented.

The licensee failed to implement measures in accordance with the IPAC Standard. Specifically, the licensee failed to ensure that Routine Practices included the proper use of Personal Protective Equipment, including the appropriate selection and application as required by Additional Requirement 9.1 (d) under the IPAC Standard.

Rationale and Summary

A Personal Care Attendant (PCA) was observed inside a resident's room, who was on droplet and contact precautions, and was wearing only a surgical mask, and gloves. They were in close proximity to the resident and also observed assisting the resident with their mobility device down the hallway of a specific home area.

The PCA acknowledged that they did not don a gown or eye protection prior to entering the resident's environment. The PCA and IPAC Lead acknowledged that a gown, gloves, eye protection, and a mask were required to be worn when in contact with a resident on droplet and contact precautions.

There was a risk of infectious disease transmission when Additional Precautions were not followed.

Sources: Observation in home area, and interview with a PCA and the IPAC Lead.

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