

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 18, 2021	2021_751649_0003	022012-20	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Fieldstone Commons Care Community
1000 Ellesmere Road Scarborough ON M1P 5G2

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

JULIEANN HING (649)

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): February 5 and 9, 2021.

The following intake was completed during this Critical Incident System Inspection: Log #022012-20 related to a communicable disease outbreak in the home.

During the course of the inspection, the inspector(s) spoke with the Infection Prevention and Control Program (IPAC) Lead, Assistant Directors of Care (ADOCs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers, PSW student, and residents.

During the course of the inspection the inspector conducted observations related to the home's IPAC practices and observed staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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

1 WN(s)

1 VPC(s)

0 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 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 has failed to ensure that the home was a safe and secure environment for its residents.

The following observations were made by Inspector #649 related to the home's infection

prevention and control program (IPAC).

-A housekeeper was observed sweeping the floor inside a resident's room without a gown; they were wearing a mask, face shield, and gloves. There was no signage on the resident's door indicating the type of precautions required, however there was a yellow isolation bag hanging on the door which indicated that full personal protective equipment (PPE) was required.

-Another housekeeper was observed inside a resident's room with a mask, face shield, and gloves, no gown was noted. There was no isolation signage posted on the resident's door indicating the type of precautions required, however there was a yellow isolation bag hanging on the door which indicated that full PPE was required.

-A PSW was observed taking lunch trays into two residents' rooms wearing a mask and face shield, no gown or gloves were observed. The same PSW was observed in the first resident's room putting on their clothing protector, and adjusting the table in preparation for their meal, without a gown. The signage posted on the resident room door indicated that they were on droplet/ contact precautions. The second resident's room had a contact precautions sign posted, however there was a yellow isolation bag hanging on the door which indicated that staff were required to wear full PPE.

-A PSW student was observed taking lunch trays into two residents' rooms; they were wearing a mask and face shield, no gown or gloves were observed. According to the signage posted on these two residents' rooms they were on contact/ droplet precautions.

-According to the home's Coronavirus (COVID-19) surveillance line list, residents in two identified rooms were indicated as positive for the virus, and therefore required droplet/ contact precautions. Incorrect isolation signage was posted on these two residents' rooms that indicated they were on contact precautions.

-Six resident rooms were observed with contact signage instead of droplet/ contact precautions on three home ares.

These observations were brought to Assistant Director of Care (ADOC) #119 attention.

-A clean linen cart consisting of towels, continence products, wipes etc. was observed inside a resident's room. There was no signage posted on the resident's door, however there was a yellow isolation bag hanging on the door which indicated that the resident

was on precautions.

IPAC Lead was informed of the above mentioned observations, and acknowledged the gaps in IPAC practices, and that they were immediately corrected.

Sources: Inspector #649's observations, interview with IPAC Lead, and other 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 to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 2nd day of March, 2021

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

Original report signed by the inspector.