

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: November 29, 2024

Inspection Number: 2024-1390-0005

Inspection Type:

Critical Incident

Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP

Long Term Care Home and City: Fieldstone Commons Community, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 19-21, 2024

The following intake(s) were inspected:

- Intake: #00127589/Critical Incident (CI)# 2906-000034-24 related to alleged abuse
- Intake: #00128337/CI# 2906-000035-24 related to disease outbreak
- Intake: #00131937/CI# 2906-000040-24 related to environmental emergency

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Plan of care

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

Non-compliance with: FLTCA, 2021, s. 6 (4) (a)

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the Personal Support Worker (PSW) collaborated with the registered staff in their assessment of a resident's responsive behaviours towards another resident.

Rationale and Summary

Two residents had an altercation in the home on a specified date.

The PSW provided support to one of the residents for management of their responsive behaviours on that day. The PSW witnessed the altercation between the two residents and intervened as indicated in that resident's plan of care but failed to report this incident to registered staff.

The home's responsive behaviour management policy states that PSWs are to monitor and report effectiveness of interventions. The Associate Director of Care (ADOC) verified that PSWs are expected to collaborate and communicate their assessment of resident's responsive behaviours to registered staff during their shift.

Failure to ensure the PSW collaborated with registered staff regarding the resident's responsive behaviours towards another resident delayed the home's actions to implement potential interventions to address the resident's responsive behaviours.

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Sources: Review of resident's clinical records, home's responsive behaviour management policy; interviews with the PSW and ADOC.

WRITTEN NOTIFICATION: Hand Hygiene

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 ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented.

Section 9.1 of the IPAC standard states "the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At a minimum, Routine Practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact)".

Specifically, two PSWs did not complete hand hygiene before and after resident contact.

Rationale and Summary

A PSW exited a resident room wearing gloves. They did not remove their gloves or perform hand hygiene before exiting the resident room. Another PSW entered and exited multiple resident rooms without performing hand hygiene.

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IPAC Lead confirmed that the two PSWs did not follow appropriate hand hygiene practices.

Failure to complete hand hygiene before and after contact with a resident environment places residents at risk of exposure to infectious agents.

Sources: Observations of staff; home's hand hygiene policy; and interviews with IPAC Lead and other staff.

COMPLIANCE ORDER CO #001 Emergency plans

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 1. ii.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

1. Dealing with emergencies, including, without being limited to,
- ii. fires,

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

The licensee shall:

- 1) Provide training to all staff who worked on the specific shift and floor during the date of the fire incident, on the home's emergency plan, specifically related to code red and code green.
- 2) Maintain a written record of the training including the content of the education, the date the training took place, the staff member(s) who received the education, and the staff member(s) who provided the education.
- 3) Conduct at least one silent code red and code green fire drill on the specific shift in the next two weeks, upon receipt of this order, with a specific focus on closing the

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resident door to confine the fire and smoke and the evacuation stages.

4) Maintain a written record of the silent code red and code green fire drill, including the date the drill was completed, names and designation of who conducted the drills, the names of the staff who participated in the drill, the results and actions taken in response to the drills.

Grounds

The licensee has failed to ensure that the emergency plan was implemented when dealing with a fire emergency.

In accordance with O. Reg 246/22 s. 11 (1)(b), the licensee is required to ensure that their emergency plan for fire was complied with.

Specifically, staff did not comply with the policy "Fieldstone Commons Care Community Emergency Plan," which indicated that the resident's door should be closed to confine the fire and smoke in "code red" and the removal of all residents from the immediate fire area in "code green."

Rationale and Summary

A fire was discovered in a resident room. The resident was removed from their room, their door was left open, and other residents were not evacuated from the immediate fire area until after the fire department arrived.

Multiple staff members confirmed that only one resident was removed from the fire area, and the evacuation of other residents should have been initiated by the staff who attended the fire as outlined in code green.

When staff did not close the door of the affected resident room and appropriately evacuate the surrounding residents, residents were at increased risk of injury and harm from the fire.

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Sources: Camera footage; interviews with staff; and the Fieldstone Commons Care Community Emergency Plan.

This order must be complied with by December 12, 2024

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

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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

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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.