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 District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: February 26, 2025

Inspection Number: 2025-1402-0001

Inspection Type:
Critical Incident
Follow up

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

Long Term Care Home and City: Norfinch Community, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 6, 7, 10 -12, 14, 18 -21, 25 and 26, 2025. The inspection occurred offsite on the following date(s): February 13, 2025.

The following Critical Indents (CI) were intake(s) were inspected:
- Intake: #00133889 [CI #2918-000028-24] - Related to an Injury of unknown cause
- Intake: #00134683 [CI #2918-000029-24] - Related to unwitnessed fall of a resident
- Intake: #00136382 [CI #2918-000001-25] - Related to Unexpected death of a resident.
- Intake: #00137561 [CI #2918-000002-25], #00138940 [CI #2918-000004-25], #00139391 [CI #2918-000006-25] - Related to infection control.

The following follow-up intakes were inspected :
- Intake: #00128505 - Follow-up to Compliance Order (CO) #003 – Related to responsive behaviour.
- Intake: #00128506 - Follow-up to Compliance Order (CO) #002 – Related to duty to protect

Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2024-1402-0004 related to O. Reg. 246/22, s. 58 (1) 3.
Order #002 from Inspection #2024-1402-0004 related to LTCHA, 2007 S.O. 2007, c.8, s. 19 (1)

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours
Falls Prevention and 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 (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 staff and others involved in the different aspects of a resident's care collaborated with each other, in the assessment of the resident.

A Personal Support Worker (PSW) documented during their shifts that a resident experienced pain. However, the registered staff did not complete an assessment or document anything about the resident's pain which triggered a pain alert to the nurses on their Point Click Care clinical dashboard. The registered staff who worked on the shifts where the pain alerts were triggered did not complete an assessment or document anything about the resident's pain in the progress notes.

Sources: Resident's clinical records, Pain & Symptom Management Policy; interviews with the PSW, Registered Practical Nurses (RPN), Registered Nurse (RN), and Director of Care (DOC).

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (4) (b)
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,
(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other.

The licensee has failed to ensure that the staff and others involved in the different aspects of a resident's care collaborated with each other in the development and implementation of their plan of care.

A PSW observed that a resident had a change in their condition, however, they did not inform the registered staff or other members of the team and therefore no interventions were developed and implemented for the resident.

Sources: Resident's clinical records; interviews with the PSW and others.

WRITTEN NOTIFICATION: Plan of Care

NC #003 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 the care set out in a resident's plan of care related to fall prevention was provided to the resident as specified in the plan.

A resident was observed without specific fall prevention interventions as indicated in their plan of care.

Sources: Resident observation; resident's clinical records; and interview with the PSW.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 34 (2)
General requirements
s. 34 (2) The licensee shall ensure that any actions taken with respect to a resident

under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented.

The licensee has failed to ensure that any actions taken for a resident under the home's pain management program, including assessments and the resident's responses to interventions, were documented.

When a resident complained of pain, the nurses failed to complete and document the required assessments.

Sources: Resident's clinical records; interview with the RPN and Assistant Director of Care (ADOC).

WRITTEN NOTIFICATION: Transferring and Positioning Techniques

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 40
Transferring and positioning techniques
s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that a PSW used safe transferring techniques when assisting a resident with transfers. On two occasions, a PSW assisted a resident with their care and activities of daily living, however they used an unsafe transfer technique when assisting the resident. The resident was later diagnosed with an injury.

Sources: The home's investigation notes, resident's clinical records; interviews with the ADOC and PSW.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift, symptoms indicating the presence of infection for a resident was monitored in accordance with any standard or protocol issued by the Director. A resident had symptoms of infection during an identified period during a respiratory outbreak, the home's Daily Resident Status Assessment tool was not completed during the day shifts. The home's policy also directed staff to monitor ill residents twice daily during outbreaks instead of every shift.

Sources: Resident's clinical records, Novel Coronavirus- COVID-19 Prevention and Management Policy; interview with the Infection Prevention and Control (IPAC) Lead.

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of

the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

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

The licensee shall:

1) Provide education to all active direct care staff on the specified home area on the home's policies related to performing resident hand hygiene during meal service.

2a) Perform random audits on two specified PSWs to observe them performing resident hand hygiene during meal service, for two weeks following receipt of this order, at a minimum of three times per week on the shifts the PSWs are assigned to work.

2b) Perform random audits on the specified home area to observe resident hand hygiene during meal service, for two weeks following receipt of this order, at a minimum of three times per week including breakfast, lunch, and dinner, including during meal service in the dining room and in resident rooms.

3a) Develop and implement an action plan to address sustainability in staff providing hand hygiene assistance to residents during meal service in the dining room and in resident rooms.

3b) Maintain a record of the action plans specified in section 3a, identify staff roles and responsibilities, and a timeline for the implementation of each component mentioned within the compliance due date.

4) Provide education to two specified PSWs on appropriate Personal Protective Equipment (PPE) selection and application when the home is in an outbreak and additional precautions are in place for isolated residents, including when coming in close contact with symptomatic residents.

5) Perform random audits on specified PSWs to observe appropriate PPE selection and application when assisting residents on isolation who have additional precautions in place, at a minimum of three times per week on the shifts the PSWs

are assigned to work.
6) Maintain a record of the audits completed in sections 2a, 2b and 5, including dates, shift times, the name of the person(s) completing the audits, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required.
7) Maintain a record of all the education and training provided as specified above in sections one and four above, including the content, date, signature of attending staff, and the name of the person(s) who provided the education.
8) Retain all records until the MLTC has deemed this order has been complied with.

Grounds
The licensee has failed to ensure that staff participated in the implementation of the home's IPAC program related to hand hygiene and the use of PPE.

1) PSWs failed to assist multiple residents with hand hygiene before they were served their lunch meal. The home's Hand Hygiene policy directed PSWs to wash resident's hands before meals.

Sources: Observations; Hand Hygiene Policy; interviews with the PSWs, RPN, and IPAC Lead.

2) Two PSWs failed to apply the required PPE when entering rooms of multiple residents on droplet contact isolation precautions during a respiratory outbreak.

Sources: Observations; Novel Coronavirus- COVID-19 Prevention and Management Policy, last revised 04/2024; interviews with the PSWs, and IPAC Lead.

This order must be complied with by April 11, 2025

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
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 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.