

Original Public Report

Report Issue Date May 27, 2022

Inspection Number 2022_1280_0001

Inspection Type

- Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee

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

Long-Term Care Home and City

Midland Gardens Care Community
130 Midland Avenue Scarborough ON M1N 4E6

Lead Inspector

Ivy Lam (646)

Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 12, 13, 16, 17, 18, and 19, 2022.

The following intake(s) were inspected:

- Intake # 016854-21 (Complaint) related to allegations of staff to resident abuse, resident care and support service, continence care, improper transfer, laundry service, pain management, and skin and wound.
- Intake # 003313-22 (Complaint) related to bathing care, resident care and support service, skin and wound, and maintenance care.

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

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Pain Management
- Prevention of Abuse and Neglect
- Resident Care and Support Services
- Skin and Wound Prevention and Management

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#001 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s.272

The licensee has failed to 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.

Rationale and Summary

The Screener was to wear a medical mask and eye protection if not behind a barrier.

On May 12, 2022, the Screener did not wear eye protection when conducting Rapid Antigen Tests (RAT), without a barrier, for staff and visitors. The Screener indicated that they should have worn eye protection while conducting the RAT.

The IPAC lead and the ADOC indicated staff should always wear full PPE, including a medical mask, gown, gloves, and eye protection when conducting the RAT.

The IPAC lead spoke to the Screener on May 13, 2022, regarding appropriate PPE use during the RAT. Observation of the Screener on May 13, 2022, showed they were using the appropriate PPE while conducting the RAT.

Sources: Record review of COVID-19 Directive #5 for Hospitals within the meaning of the Public Hospitals Act and Long-Term Care Homes within the meaning of the Long-Term Care Homes Act, 2007, (Effective Date of Implementation: December 22, 2021), Public Health Ontario - COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes (Published December 23, 2021); Observations of Screening process May 12 and 13, 2022; Interviews with the Screener, IPAC lead, and ADOC.

Date Remedy Implemented: May 13, 2022 [646]

WRITTEN NOTIFICATION: SKIN AND WOUND CARE

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 79/10 s. 50(2)(b)(iv)

The licensee has failed to ensure that a resident who exhibited altered skin integrity was reassessed at least weekly by a member of the registered nursing staff.

Rationale and Summary

When a resident exhibited altered skin integrity, the home's skin and wound policy indicated the nurse was to complete a weekly Skin & Wound assessment until the skin alteration was healed.

A resident had an altered skin integrity. Weekly skin assessment was not done for the resident on the third week. The altered skin integrity was assessed as resolved on the fourth week.

The RPN indicated that there was a covering on their altered skin integrity until their assessment on the fourth week. On second week, there was still some sign of the altered skin integrity for the resident, and the altered skin integrity was not resolved.

The ADOC indicated that the RN had incorrectly documented the bruise as resolved on the second week, and the assessment was missed for one week on the third week.

Sources: Home's Skin and Wound Care Management Protocol – Skin & Wound App – Policy # VII-G-10.92, Resident's Skin & Wound Evaluations; Observations of the resident; Interviews with the RPN, RN, and ADOC/Skin and Wound Lead. [646]