

**Original Public Report**

**Report Issue Date** June 8, 2022  
**Inspection Number** 2022\_1032\_001  
**Inspection Type**  
 Critical Incident System     Complaint     Follow-Up     Director Order Follow-up  
 Proactive Inspection     SAO Initiated     Post-occupancy  
 Other \_\_\_\_\_

**Licensee**  
Mississauga Long Term Care Facility Inc.  
26 Peter Street North Mississauga ON L5H 2G7

**Long-Term Care Home and City**  
Mississauga Long Term Care Facility Inc.  
26 Peter Street North Mississauga ON L5H 2G7

**Lead Inspector**  
Nicole Ranger (189)

**Inspector Digital Signature**

**INSPECTION SUMMARY**

The inspection occurred on the following date(s): Onsite : April 28, 29, May 2, 2022.  
Off site: May 3, 2022

The following intake(s) were inspected:

Intake # 003290-22 (Complaint) related to general operations of the home.

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

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Staffing, Training and Care Standards

**INSPECTION RESULTS****WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL****NC#001 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 that additional precautions and standards under the infection prevention and control program were followed by staff.

**Rationale and Summary**

Observations of the home's Hand Hygiene practices and Infection Prevention and Control (IPAC) practices were as follows:

- (i) On April 28, 2022, a staff face shield was observed in an area of the cleaning caddy designated for dirty mops. Housekeeping staff #107 reported that the shield was not their own and was left by another staff who worked the previous shift before;
- On April 28, 2022, during lunch meal service in the basement dining room, five residents were observed leaving the dining room without performing hand hygiene; there were staff present in the dining room but they did not assist;
  - On April 29, 2022, a staff member entered a resident's room, with a meal tray for lunch. The staff member served the meal tray to the resident, assisted in cutting the food, then left the resident's room without performing hand hygiene before or after assisting the resident; they then proceeded to serve another resident in their room.

Staff indicated that hand hygiene should be completed prior to and after interacting with residents, including serving meals. The IPAC lead acknowledge that staff should not leave face shields in an area of the cleaning caddy designated for dirty mops.

Storing a face shield in the housekeeping cart and failing to assist residents with hand hygiene prior to or after meals, placed residents at increased risk for transmission of infection.

Sources: Observations on April 28, 29, 2022, and staff interviews with PSW #105, housekeeping staff #107 and IPAC lead #102.

- (ii) Staff stated that they often complete temperature readings and Rapid Antigen testing on themselves, and document screening results on the screening log.

The home's policy titled "Rapid Antigen Testing As A Screening Tool" identifies that RAT testing is completed by registered nursing staff who have been trained on how to use the test.

The Director of Care (DOC) acknowledged that a registered staff should be completing the RAT testing on staff and visitors.

Sources: Rapid Antigen Test as a Screening Tool Policy (reviewed March 2, 2022) and interviews with PSW #104, PSW #105 and DOC #103.

#### **WRITTEN NOTIFICATION MAINTENANCE SERVICES**

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

###### **Non-compliance with: O. Reg 79/10, s. 90 (1) (b)**

The licensee has failed to ensure that as part of the maintenance services under clause 15 (1) (c) of the LTCHA 2007 Act, every licensee of a long term care home has schedules and procedures in place for routine, preventative and remedial maintenance.

###### **Rationale and Summary**

On April 29, 2022, the inspector observed a large broken ceiling tile in the residents' shower/tub room on an identified floor with exposed plumbing fixtures. The Maintenance Lead #106 was unable to provide documentation and acknowledged the home does not have schedules of routine, preventative, and remedial maintenance for 2021 and 2022.

Sources: Observations on April 29, 2022, review of maintenance logs and interviews with Maintenance staff #106.

#### **WRITTEN NOTIFICATION SCREENING MEASURES**

##### **NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

###### **Non-compliance with: LTCHA 2007, s. 75 (1)**

The licensee has failed to ensure that screening measures were conducted in accordance with the regulations before hiring staff.

###### **Rationale and Summary**

LTCHA 2007, s. 75 (1) (2) requires the home to ensure that screening measures are conducted in accordance with the regulations before hiring staff and that the screening measures shall include criminal reference checks.

Hiring documentation for staff #108, #109 and #110 did not include identified screening measures. All three staff were hired in February 2022.

DOC #103 acknowledged that screening measures should have been obtained from the above-mentioned staff.

Sources: Processing New Hires policy (dated November 2021), staff #108, #109, #110's, hiring documentation, interviews with DOC #103, ADOC #102.

**COMPLIANCE ORDER [CO#001] OPERATION OF HOMES**

**NC#004 Compliance Order pursuant to FLTCA, 2021, s.154(1)2**

Non-compliance with: O. Reg. 79/10 s. 212 (1) (1)

**The Inspector is ordering the licensee to:**

LTCHA, 2007, s. 153 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

**Compliance Order [FLTCA 2021, s. 155 (1)]**

The Licensee has failed to comply with O. Reg. 79/10 s. 212 (1) (1)

The licensee must be compliant with s. 212 (1) (1) of O. Reg. 79/10.

Specifically, the licensee must:

Upon receipt of this order the licensee will appoint an Administrator, ensure that the Administrator is on site, and meet all the requirements as defined by O. Reg 79/10, s. 212, to be in place at due date of compliance order.

**Grounds**

**Non-compliance with: O. Reg 79/10, s. 212 (1)(1)**

The licensee has failed to ensure that the home's Administrator worked regularly in that position on site at the home.

O. Regulation 79/10 s. 212 (1) (1) requires the home with a licensed bed capacity of 64 beds or fewer, to have an Administrator on site at the home, at least 16 hours per week.

### **Rationale and Summary**

The Ministry of Long Term Care (MLTC) received a complaint on February 18, 2022, concerning the home's administrator not on site in the home since the start of the COVID 19 pandemic in 2020.

During the inspection, the Administrator was not on site at the home. The inspector contacted the Administrator via telephone, and they stated they had not been at the home since 2020. There was no planned date of return to the home and a designee would now be appointed in their absence.

Maintenance staff #106, DOC #103, IPAC Lead #102 and Administrator #101 acknowledged that the Administrator had not been on site in the home since the start of the pandemic in 2020.

Sources: Interviews with DOC #103, Administrator #101, IPAC Lead #102, Maintenance staff #106, observation of the home, review of complaint.

**This order must be complied with by** June 3, 2022

## 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, 8<sup>th</sup> floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Toronto Service Area Office**  
5700 Yonge Street, 5<sup>th</sup> Floor  
Toronto ON M2M 4K5  
Telephone: 1-866-311-8002  
[TorontoSAO.moh@ontario.ca](mailto:TorontoSAO.moh@ontario.ca)

**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON M7A 1N3  
email: [MLTC.AppealsCoordinator@ontario.ca](mailto: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](http://www.hsarb.on.ca).