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
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Original Public Report

Report Issue Date: January 19, 2023	
Inspection Number: 2023-1299-0002	
Inspection Type: Complaint	
Licensee: St. Demetrius (Ukrainian Catholic) Development Corporation	
Long Term Care Home and City: Ukrainian Canadian Care Centre, Etobicoke	
Lead Inspector Slavica Vucko (210)	**Inspector Digital Signature** Slavica Vucko Digitally signed by Slavica Vucko Date: 2023.01.19 10:55:10 -05'00'
Additional Inspector(s) Michael Chan (000708) was also present during the inspection	

INSPECTION SUMMARY

The Inspection occurred on the following date(s): January 5, 9, 10 and 12, 2023.

The following intake(s) were inspected:

- Intake: #00014275 and #00014536- Complaint related to a resident alleged abuse, falls prevention and management and improper care.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints
Falls 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 #01 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented, specifically the hand hygiene program to include access to 70-90 % alcohol.

Observations on all units revealed numerous bottles of Alcohol-Based Hand Rub (ABHR) which contained 60% alcohol.

The IPAC lead removed all 60% Alcohol-Based Hand Rub products from all units on January 10, 2023, and replaced them with 70% Alcohol-based products.

Sources: Observations, Review of "Infection Prevention and Control Standard for Long Term Care Homes April 2022" (IPAC Standard), interview with IPAC lead, DOC and Administrator.
[210]
Date Remedy Implemented: January 10, 2023

NC #02 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (1) (c)

The licensee has failed to ensure that the written plan of care for resident #001 set out the planned care for the resident.

The written plan of care of resident #001 indicated one staff assistance for a particular Activity of daily living (ADL) since admission. After a report about an alleged rough care, the staff started arranging a number of staff being present during the particular ADL. Resident #001's written plan of care was updated approximately one and a half month later.

Failure the written plan of care for resident #001 to be updated could lead to potential inconsistent

assistance by all staff.

Sources: review of resident #001's clinical record including the written plan of care, interview with staff.

[210]
Date Remedy Implemented: January 8, 2023

NC #03 remedied pursuant to FLTCA, 2021, s. 154 (2)
O.Reg. 246/22, s. 102 (2) (b)

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

The "IPAC Standard for Long Term Care Homes April 2022" provides guidance for staff to follow IPAC routine practices and additional precautions. Specifically, proper use of PPE, including appropriate selection, application, removal, and disposal as required by Additional Requirement 9.1 (d) under the IPAC Standard.

The facility was in a COVID-19 outbreak since December 31, 2022, and staff were expected to wear N-95 facial masks with a face shield as per the Public Health and Hospital IPAC support specialist recommendations for additional precautions, in addition to the facility's policy for droplet contact precautions. On a specified date, a staff was wearing a surgical mask without a face shield when feeding a resident and being within one meter of the resident. When questioned by the inspector, the staff applied an N-95 face mask and a face shield accordingly.

Sources: review of "IPAC Standard for Long Term Care Homes April 2022," interview with IPAC lead and observations.
[210]
Date Remedy Implemented: January 12, 2023

WRITTEN NOTIFICATION: Complaints Procedure

NC #04 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 26 (1) (c)
The licensee has failed to ensure to immediately forward to the Director any written complaint that it was received concerning the care of a resident, where the complaint has been submitted in writing.

As per Reg 246/22, s. 109 (1), a complaint that a licensee is required to immediately forward to the Director under clause 26 (1) (c) of the Act is a complaint that alleges harm or risk of harm, including, but not limited to, physical harm, to one or more residents.

On a specified date, a family member of resident #001, submitted a written complaint by email to the home alleging that the resident reported to them that a staff member was rough with them during care. As per the complainant, the resident felt uncomfortable. The complainant was alleging abuse in their written communication to the home. Further, the complainant reported the concerning care or potential alleged abuse to the Director (MLTCH).

The home did not forward immediately to the Director the written complaint from resident #001's family member concerning the care of the resident.

Not immediately forwarding to the Director the written complaint concerning the care of resident #001 including alleged harm or risk of harm led to failure the Director be informed in a timely manner and review the home's safety risks.
[210]

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #05 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 any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented.

The "IPAC Standard for Long Term Care Homes April 2022" provides guidance for staff to follow IPAC routine practices and additional precautions. The guideline Routine Practices and Additional precautions, In All Health Care Settings, 3rd edition, Provincial Infectious Diseases Advisory Committee (PIDAC), directs staff to wear gloves when it is anticipated that the hands will be in contact with mucous membranes, secretions, and/or excretions.
As per Directive #5 from MLTCH, dated December 17, 2021, required precautions for all health care workers providing direct care to or interacting with a suspected, probable (i.e. placed in precautions as high risk contact, in an outbreak zone of the facility or recently transferred from a facility in outbreak) or confirmed cases of COVID-19 are a fit-tested, seal checked N95 respirator (or approved equivalent), eye protection (goggles or face shield), gown and gloves.

The facility was in a COVID-19 outbreak, since December 31, 2022. Screening staff #105 at the entrance of the facility were expected to wear an N-95 mask, face shield, gown and gloves during every swabbing procedure. On a specified date, the screening staff did not wear an N-95 mask but a surgical mask. They did not wear gloves when swabbing a visitor, and only sanitized their hands before and after the procedure. The memo provided to staff related to wearing personal protective equipment (PPE) for screening staff did not mandate staff to wear gloves during swabbing procedures.

Failure the staff to wear appropriate PPE as per the Routine Practices and Additional precautions guideline during screening could lead to unsafe home environment.

Sources: review of IPAC Standard for Long Term Care Homes- April 2022, Routine Practices and Additional precautions in All Health Care Settings-(Provincial Infectious Diseases Advisory Committee (PIDAC)) 3rd edition-revised November 2012, interview with staff, IPAC lead and observations.
[210]

WRITTEN NOTIFICATION: Reports re Critical Incidents

NC #06 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 115 (1) 5.

The home has failed to ensure that the Director was immediately informed, in as much detail as is possible in the circumstances, of an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The home was declared in COVID-19 outbreak on December 31, 2022, by Public Health Ontario (PHO). A Critical Incident System (CIS) report was submitted to the Director two days later. The after-hours action line was not called as well. The home was in an on-going outbreak during the inspection period.

Failure the home to immediately inform the Director about the COVID-19 outbreak could lead to inability of the Director to evaluate safety and determine trends in a timely manner.

Sources: review of the CIS report, interview with the IPAC lead and staff.
[210]