

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Central East District**

33 King Street West, 4th Floor  
Oshawa, ON, L1H 1A1  
Telephone: (844) 231-5702

**Original Public Report**

<b>Report Issue Date:</b> January 30, 2024	
<b>Inspection Number:</b> 2024-1056-0001	
<b>Inspection Type:</b> Critical Incident Follow up	
<b>Licensee:</b> 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
<b>Long Term Care Home and City:</b> The Willows Estate Nursing Home, Aurora	
<b>Lead Inspector</b> Ana Best (741722)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 16 - 19, 2024.

The following intake(s) were inspected:

- An intake related to second follow-up to Compliance Order (CO) #001 from Inspection #2023\_1056\_0002 - FLTCA, 2021, s. 6 (7) related to plan of care, with Compliance Due Date (CDD) of September 28, 2023.
- An intake related to disease outbreak.

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## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2023-1056-0002 related to FLTCA, 2021, s. 6 (7) inspected by Ana Best (741722)

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

Housekeeping, Laundry and Maintenance Services  
Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: General requirements

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

**Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.**

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

1. There must be a written description of the program that includes its goals and objectives and relevant policies, procedures and protocols and provides for methods to reduce risk and monitor outcomes, including protocols for the referral of residents to specialized resources where required.

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The licensee failed to comply with the written description of the organized housekeeping program, specifically the monitoring of the outcomes of the housekeeping cleaning routines related to residents' bedrooms.

**Rationale and Summary**

During the inspection, the entire facility was on an outbreak as declared by York Region Public Health (YRPH).

The Long-Term Care Home's (LTCH's) Resident Rooms Daily Cleaning policy indicated that a schedule for cleaning residents' rooms was to be established and maintained, to ensure their personal space was kept clean and sanitary. Additionally, the policy indicated it was the responsibility of all Environmental Services Staff to follow all established procedures for cleaning residents' rooms, and of the Environmental Services Manager (ESM) and Administrator to monitor outcomes and ensure compliance.

The LTCH's housekeeping tick sheets completed for the purpose of daily tracking of residents' rooms not being cleaned for specific months, showed that on a regular basis, several rooms were not being cleaned daily.

The Interim Administrator indicated the ESM position had been vacant for several weeks, and management duties related to the housekeeping program were being shared between the Maintenance manager and themselves. The Interim Administrator acknowledged that several residents' rooms, on both floor units, were not being cleaned as per the requirements. Internal communication issues related to the reporting of rooms not being cleaned was identified. Additionally, no timely follow up and review had been completed related to the information tracked by the housekeeping staff.

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By failing to monitor the outcomes of the home's housekeeping program, the home is at an increased risk for hygiene issues, increased risk of infections and transmission of pathogens, thereby compromised the well-being of the residents in the home.

**Sources:** LTCH's Resident Rooms Daily Cleaning policy, the LTCH's housekeeping tick sheets, interview with the Interim Administrator #108. [741722]

**WRITTEN NOTIFICATION: Infection prevention and control program**

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 failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control were complied with.

In accordance with the 'Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022 , revised September 2023' (IPAC Standard), section 9.1 (b) directs the licensee to ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Routine Practices shall include hand hygiene, including, but not limited to, at 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).

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**Rationale and Summary**

During a tour on a specific unit, Inspector 741722 observed Personal Support Worker (PSW) #101 entering in a specific resident's room with a food tray and assisting the resident. Shortly after, the PSW was observed exiting the room without performing hand hygiene.

PSW #101 indicated they forgot to complete hand hygiene upon exiting the resident's room.

The IPAC lead indicated staff were expected to perform hand hygiene as per the four moments of hand hygiene, including after exiting a resident's room.

Failure to perform hand hygiene before and after contact with residents placed residents at risk of harm from the possible transmission of infectious agents.

**Sources:** Observations, interviews with PSW #101 and IPAC lead. [741722]

**COMPLIANCE ORDER CO #001 Housekeeping**

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

**Non-compliance with: O. Reg. 246/22, s. 93 (2) (a) (i)**

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces.

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

The licensee shall:

1. Develop and implement a daily housekeeping routine schedule for cleaning and disinfecting of all residents' bedrooms, resident home area hallways, and dining room areas, including high-contact surfaces at least once daily or more frequently as required during an outbreak.
2. Designate a management member to oversee the cleaning of all residents' bedrooms every day of the week, for the duration of four weeks.
3. Review and analyze the job description of the Environmental Services Aid (housekeeping staff) to outline the job duties and specifications for each shift and the associated responsibilities.
  - a. Provide education to all housekeeping staff on the revised job description.
  - b. Keep records of the name of the person who provided the education, date, and name of the participating staff members.
4. Develop and implement a system to ensure a weekly meeting is held between the Environmental Service Manager (ESM) or management delegate, and the housekeeping staff related to the cleaning routines of all residents' bedrooms, resident home area hallways, and dining room areas. Records of the communications shall be kept, indicating date, information discussed and names of staff participating.
5. Develop and implement an auditing process related to the weekly meetings between the ESM and the housekeeping staff:
  - a. The audits will be conducted weekly, for a period of four weeks.
  - b. The audits will be conducted by a member of the management team.

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- c. Keep a documented record of the audits completed, dates of when the audits were completed, and any action taken when non-compliance is identified.
6. Develop and implement an auditing process related to the daily cleaning and disinfecting of all residents' bedrooms:
  - a. The audits will be conducted once daily for four weeks, including weekends and holidays.
  - b. The audits will be conducted by a member of the management team who will ensure that the new process and policy are being complied with.
  - c. Keep a documented record of the audits completed, dates of when the audits were completed, and any action taken when non-compliance is identified.
  - d. Analyze the results of the audits, correct any concerns identified, and document the corrective actions taken.

**Grounds**

The licensee failed to ensure that procedures were implemented regarding the cleaning of the home, including, resident bedrooms on the first and second floor units.

**Rationale and Summary**

A Critical Incident (CI) was submitted to the Ministry of Long-Term Care (MLTC) related to a disease outbreak.

During a tour of the LTCH's floors, Inspector 741722 observed that several monthly housekeeping tick sheets related to residents' bedrooms not being cleaned, were posted inside both housekeeping room areas.

Housekeeping staff #101 and #105 explained that the purpose of the tick sheets was to track all the residents' bedrooms that were not cleaned during their shift, and

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that those rooms were to be cleaned the following day. Both staff confirmed this was an ongoing situation, and there had been no follow up from management, even when they had reported their lack of time during their shift to complete the housekeeping routines.

The Interim Administrator indicated it was the home's expectation to have all residents' rooms cleaned daily, including high touch surfaces, and during the outbreak period to have the residents' bedrooms cleaned daily and high touch surfaces cleaned twice daily. Both the Maintenance manager and Interim Administrator confirmed they had seen the tick sheets, but no action had been taken, nor they had been collecting and auditing the documentation.

By not ensuring procedures were implemented regarding cleaning and disinfection practices of resident bedrooms, including high touch surfaces, there was a potential risk for the spread of infectious agents.

**Sources:** LTCH's housekeeping documentation, interviews with housekeeping staff #100 and #105, Maintenance Manager and Interim Administrator #108. [741722]

**This order must be complied with by** April 12, 2024

### **NOTICE OF RE-INSPECTION FEE**

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.



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This was the second follow up inspection related to CO under workspace 2023-1056-0002. This CO was complied on January 18, 2024.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry (i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)). By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.

## 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.

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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  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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

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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, 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  
e-mail: [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).