Ontario

Ministry of Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère des Soins de longue durée

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 17, 2022	2022_846665_0002	020793-21	Critical Incident System

Licensee/Titulaire de permis

University Health Network
R. Fraser Elliott Building 1S-417 190 Elizabeth Street Toronto ON M5G 2C4

Long-Term Care Home/Foyer de soins de longue durée

Lakeside Long Term Care Centre
150 Dunn Avenue Toronto ON M6K 2R6

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JOY IERACI (665)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 8, 9, 10 and 11, 2022.

The following intake was completed during this Critical Incident System (CIS) inspection:
Log #020793-21, CIS #2929-000020-21 related to an unexpected resident death.

NOTE: A Voluntary Plan of Correction related to LTCHA, s. 5 was identified in a concurrent inspection, #2022_846665_0003 dated February 17, 2022, has been issued in this report.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Extendicare Consultant, Director of Care (DOC), Infection Prevention and Control (IPAC) Lead, Registered Practical Nurses (RPNs), Screener, Personal Support Workers (PSWs) and Housekeeping Staff.

During the course of the inspection, the inspector conducted resident care observations, reviewed clinical records, IPAC audits, pertinent policies, Chief Medical Officer of Health's Directives and Guidance Documents.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Infection Prevention and Control
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents.

A) Resident #002 was on contact precautions. The home's Contact Precautions policy

directed staff to wear gowns when care was provided.

RPN #108 provided care to the resident without the required personal protective equipment (PPE).

B) The Chief Medical Office of Health's (CMOH) Directive #3 was re-issued on December 24, 2021. The Directive required Long-Term Care Homes (LTCHs) to conduct regular IPAC self-audits.

The home completed the IPAC self-audits on February 2, 4 and 8, 2022.

ED #103 indicated that the home did not initiate the IPAC self-audits until February 2022.

C) The Ministry of Long Term Care (MLTC) received a complaint regarding care concerns of resident #001.

CMOH Directive #3 required that LTCHs follow the COVID-19 Guidance for Long-Term Care Homes. As per the guidance, enhanced symptom screening and twice daily symptom screening for 10 days was required following the admission/transfer of residents.

Resident #001 was transferred to the home from hospital on an identified date in 2022.

Clinical records revealed the twice daily symptom screening for COVID-19 was not conducted after returning to the home.

D) The sample was expanded to resident #002 as a result of the non compliance identified.

Resident #002 was a new admission to the home in 2022.

Clinical records revealed the twice daily symptom screening for COVID-19 was not conducted on one date after admission.

Sources: Observation on February 9, 2022, review of resident #001 and 002's clinical records, review of Contact Precautions Policy # IC-03-01-08, last reviewed October 2021, COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes, December 23, 2021, Public Health Ontario, CMOH Directive #3,

issued December 24, 2021, COVID-19 Guidance document for LTCHs, January 4 and 14, 2022, interviews with RPN #108, IPAC Lead #109, ED #103 and other staff. [s. 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

Issued on this 18th day of February, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.