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
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: February 12, 2025

Inspection Number: 2025-1413-0001

Inspection Type:
Complaint
Critical Incident

Licensee: University Health Network

Long Term Care Home and City: Lakeside Long Term Care Centre, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 24, 27-31, February 3, 4, 6, 7, 12, 2025.

The following intake(s) were inspected:
Intakes: #00131277 (CIS #2929-000070-24) and #00131438 (CIS #2929-000071-24) were related to alleged resident abuse
Intake: #00133028 (CIS #2929-000076-24) related to infection prevention and control

The following intakes were completed in the Critical Incident System (CIS) Inspection:
Intakes #00135687 (CIS #2929-000084-24), #00137507 (CIS #2929-000001-25) and #00137788 (CIS #2929-000003-25) were related infection prevention and control

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

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Policy to Promote Zero Tolerance

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 25 (1)
Policy to promote zero tolerance
s. 25 (1) Without in any way restricting the generality of the duty provided for in section 24, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with.

The licensee has failed to ensure that their written policy related to promoting zero tolerance of abuse and neglect of a resident was complied with.

Specifically, a full assessment was not completed for a resident after an incident of physical abuse as specified in "the Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" revised February 2024.

Sources: Review of a Critical Incident report and "Zero Tolerance of Resident Abuse and Neglect: Response and Reporting" policy (RC-02-01-02, revised February 2024); and interview with the interim Director of Care (DOC)

WRITTEN NOTIFICATION: Reporting Certain Matters to Director

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the witnessed abuse of a resident was immediately reported to the Director.

Sources: Review of a Critical Incident report; interview with Executive Director (ED).

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 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 has failed to ensure the implementation of a standard issued by the Director with respect to Infection Prevention and Control (IPAC). The home has failed to ensure proper use of personal protective equipment (PPE), including appropriate application of PPE in accordance with the IPAC Standard as required by Additional Precaution 9.1(d) under the Standard.

On two separate occasions, two staff members did not don and doff PPE in the appropriate sequence to interact with residents on additional precautions.

Source: Observations; review of "IPAC Standard for Long-Term Care Homes, revised September 2023" and Public Health Ontario's (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions, revised November 2012.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that on every shift, a resident's symptoms indicating the presence of infection were monitored.

The symptoms of infection for a resident on additional precautions were not monitored on every shift.

Sources: A resident's clinical records.

WRITTEN NOTIFICATION: Police Notification

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 105
Police notification

s. 105. Every licensee of a long-term care home shall ensure that the appropriate police service is immediately notified of any alleged, suspected or witnessed incident of abuse or neglect of a resident that the licensee suspects may constitute a criminal offence. O. Reg. 246/22, s. 105, 390 (2).

The licensee has failed to ensure that the appropriate police service was immediately notified of the witnessed abuse of a resident that the licensee suspected may have constituted a criminal offence.

Sources: Review of a Critical Incident report; and interview with the ED.

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
(a) Retrain two identified staff members regarding the use of PPE required for the care of residents on additional precautions; and one identified staff member on the correct way to don surgical masks;
(b) Retrain nine identified staff members on hand hygiene practices in accordance with Public Health Ontario's just clean your hands (JCYH) program and include the four moments of hand hygiene;

(c) Audit hand hygiene practices of nine identified staff members at a minimum four times a week for three weeks;
(d) Audit the PPE use of two identified staff members when in rooms with residents on additional precautions at a minimum twice a week for four weeks;
(e) Maintain a record of the aforementioned training, including the dates, staff names and designation, signed attendance, training topics, and name and title of the person(s) who provided the training;
(f) Maintain a record of the audits, including the dates and times of the audits, the name(s) of the auditor, the names and designation of staff audited, results of audits and actions taken.

Grounds

The licensee has failed to ensure that staff participated in the implementation of the home's IPAC program related to hand hygiene and the use of PPE.

A staff member aided several residents in a dining room and did not perform hand hygiene between task and before moving from one resident to another. The dining room was in a confirmed respiratory outbreak unit. The same staff member entered the rooms of two residents on the same unit, one of whom was on additional precautions, without performing hand hygiene.

On the same day, another staff member did not perform hand hygiene after exiting a resident's room and before serving food to residents in the same dining room.

Later that day on the same unit, one staff member donned PPE without performing hand hygiene and another staff member interacted with a resident's environment and did not perform hand hygiene upon exit.

On the same day and unit, two staff members were observed in the rooms of residents on additional precaution without wearing the required PPE. The signage

on the entrance to both residents' rooms outlined the PPE required to interact with the residents. Both residents had respiratory infection and were on a confirmed outbreak unit.

The following week, a staff member was observed on an outbreak unit wearing the same disposable gloves while moving from one resident's room to another.

On the same day, two staff members were observed entering residents' rooms on an outbreak unit. They did not perform hand hygiene before and after residents/resident environment contact.

Later that day, a staff member exited an outbreak unit and entered the staff lounge. They did not perform hand hygiene upon exiting the unit or before entering the staff lounge.

On the same day, a staff member was observed in the hallway of an outbreak unit with their mask under their chin. The signage on the door leading into the unit indicated that masking was required on the unit.

Two days later, a staff member entered a resident's room on an outbreak unit, interacted with the resident's environment before exiting. They did not perform hand hygiene before entering and after exiting the room.

Sources: Observations; Signages on residents' doors.

This order must be complied with by March 31, 2025

This compliance order is also considered a written notification and is being referred to the Director for further action by the Director.

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $11000.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

Order #001 of inspection 2022_962753_0005, O. Reg. 79/10, s. 229 (4),
Order #001 of inspection 2024-1413-0001, O. Reg 246/22 s. 102 (8).

This is the second AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after

service of this notice.
Licensees must not pay an AMP 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 AMP.

COMPLIANCE ORDER CO #002 CMOH and MOH

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall 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.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
a) Educate two identified staff members on how to identify and disinfect high touch surfaces in residents' rooms;
b) Educate one identified staff member on what it means to move from clean areas to dirty areas when performing their duties;
c) Audit high touch surface cleaning by two identified staff members at least twice a week for three weeks;
d) Audit the cleaning practices of one identified staff member at least twice a week to ensure they are moving from clean areas to dirty areas while cleaning;
e) Maintain a record of the education provided including the content, date, signature of attending staff, and the name of person(s) who provided the education.
f) Maintain a record of the audits completed, including date, time, person completing audit, findings, and/or other corrective actions taken where required.

Grounds

The licensee has failed to ensure that all applicable guidance, advice, or recommendations issued by the Chief Medical Officer of Health (CMOH) were complied with.

1) In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective October 2024, cleaning and disinfection of frequently touched surfaces should be done twice daily in suspected or confirmed outbreaks.

On a specified day, a staff member was observed cleaning seven rooms. They did not disinfect high touch surfaces in any of the rooms.

Two days later, another staff member was observed cleaning two rooms and did not disinfect any high touch surfaces in either of the rooms.

All the above-mentioned rooms were in a confirmed outbreak unit and two of the rooms were on additional precautions.

The Environmental Service Manager (ESM) confirmed that staff were required to clean high touch surfaces when cleaning residents' rooms.

Sources: Observations; Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective October 2024 and Extendicare "Cleaning and Disinfection Guide: A guide to Extendicare's best practices for cleaning and disinfecting" 2024; and interviews with staff.

2) In accordance with the Recommendations for Outbreak Prevention and Control in

Institutions and Congregate Living Settings, effective October 2024, cleaning and disinfection should be completed moving from clean areas to dirty areas.

A staff member was observed cleaning the rooms of residents on a confirmed outbreak unit. They moved from the room of a resident on additional precautions to the rooms of residents who were not on additional precautions.

The staff member also used the same cloth for cleaning the room of the resident on additional precautions to clean two rooms of residents who were not on additional precautions.

The ESM confirmed that the rooms with residents who were not on additional precautions should have been cleaned before the rooms of residents on additional precautions and that a separate cloth should have been used for each resident's room.

Sources: Observations; Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective October 2024; and interviews with staff.

This order must be complied with by March 31, 2025

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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

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, 8th floor
Toronto, ON, M7A 1N3
e-mail: 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 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, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: 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.