

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

**Toronto Service Area Office**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002  
torontosao.moh@ontario.ca

## Amended Public Report (A1)

<b>Report Issue Date:</b> October 18, 2022	
<b>Inspection Number:</b> 2022-1431-0002	
<b>Inspection Type:</b> Follow up	
<b>Licensee:</b> Friuli Long Term Care	
<b>Long Term Care Home and City:</b> Villa Leonardo Gambin, Woodbridge	
<b>Inspector who Amended</b> Wing-Yee Sun (708239)	<b>Inspector who Amended Digital Signature</b>

## AMENDED INSPECTION REPORT SUMMARY

*This licensee inspection report has been revised to reflect the inspection number (2022-1431-0001) under which CO #001 was issued. The Follow-Up inspection, 2022-1431-0002 was completed on October 5, 6 and 11, 2022.*

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):  
October 5, 6, and 11, 2022

The following intake(s) were inspected:

- Intake: #00004503-High Priority - 2022\_1431\_0001, CO #001 r. 102 (8).

### Previously Issued Compliance Order(s)

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

Legislative Reference	Inspection #	Order #	Inspector (ID) who inspected the order

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O.Reg. 246/22	s. 102 (8)	2022-1431-0001	#001	Wing-Yee Sun (708239)
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The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control

## 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 (7) 11.

The licensee has failed to ensure that their hand hygiene program was implemented in accordance with any standard issued by the Director.

Specifically, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, s. 10.1 stated that the licensee shall ensure that the hand hygiene program included access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

### Rationale and Summary

Two bottles of expired alcohol based antiseptic wipes were found in a specified area of the home.

The Nurse Champion acknowledged that the wipes were used to clean resident hands and noted to be expired. The Nurse Champion acknowledged the expired wipes could have decreased effectiveness for disinfecting. They removed both bottles of antiseptic wipes immediately.

An Associate Director of Care (ADOC) requested new wipes to be ordered. The Director of Environmental Services acknowledged they were informed of the expired wipes immediately and

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removed all expired wipes in the home.

**Sources:** Observations in the home, interview with the Nurse Champion and other staff.

Date Remedy Implemented: October 11, 2022

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**NC #02 remedied pursuant to FLTCA, 2021, s. 154 (2)**  
O.Reg. 246/22, s. 93 (2) (b) (iii)

The licensee has failed to ensure that cleaning and disinfection was in accordance with manufacturer's specifications.

### **Rationale and Summary**

One bottle of expired disinfectant wipes was found outside a resident room that was on Additional Precautions.

A Registered Practical Nurse (RPN) acknowledged the disinfectant wipes were expired and used to clean frequently touched contact surfaces. The RPN acknowledged the wipes should not be used and there was a risk of the product not being effective against pathogens. The RPN removed the bottle of disinfectant wipes immediately.

An ADOC acknowledged supplies would be checked and an audit would be completed to ensure there were no other expired wipes. The Director of Environmental Services acknowledged they were informed of the expired disinfectant wipes immediately and removed all expired wipes in the home.

**Sources:** Observations in the home, interview with RPN #102 and other staff.

Date Remedy Implemented: October 11, 2022

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## WRITTEN NOTIFICATION: Housekeeping

### NC #03 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 93 (2) (b) (iii)

The licensee has failed to comply with the procedure and process for cleaning resident rooms.

In accordance with O. Reg 246/22 s. 11. (1) b, the licensee is required to ensure the cleaning and disinfection of contact surfaces using, at a minimum, a low level disinfectant in accordance with evidence-based practices, must be complied with.

Specifically, staff did not comply with the licensee's policy "Cleaning Frequencies – Housekeeping, XII-D-10.40" and "Daily Resident Room Cleaning – Housekeeping, XII-D-10.50" dated March 2019 which are part of the licensee's Housekeeping Program.

### Rationale and Summary

The home's policy titled "Cleaning Frequencies – Housekeeping" directed staff to follow the cleaning frequency schedule, which identified light switches, call bell cord, telephone, over bed tables/side table, bedside table and dresser surfaces, bed rails, garbage can and floors – microfibre dry mopping were items to be cleaned as part of the housekeeper's daily cleaning routine for resident rooms. The home's policy titled "Daily Resident Room Cleaning – Housekeeping" directed staff to clean the frequently touched contact surfaces prior to cleaning the resident washrooms.

A Housekeeper was observed cleaning four resident rooms on a specified home area. They went into the washrooms and mopped the floors of each room, but frequently touched contact surfaces were not cleaned. The Housekeeper acknowledged they did not clean and disinfect any frequently touched contact surfaces in these rooms.

The Director of Environmental Services acknowledged that the Housekeeper should have cleaned and disinfected the frequently touched contact surfaces in the resident rooms.

Failure to clean and disinfect frequently touched contact surfaces in resident rooms increased the risk of transmission of infection.

**Sources:** Observations in the home, home's policies titled "Cleaning Frequencies – Housekeeping" - Policy #: XII-D-10.40 and attachment titled "Housekeeping Cleaning Frequency Schedule" XII-D-10.40(a)

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– Current Revision of March 2019, “Daily Resident Room Cleaning – Housekeeping” - Policy #: XII-D-10.50 – Current Revision of March 2019, and interviews with a Housekeeper and other staff.

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### **WRITTEN NOTIFICATION: Infection Prevention and Control Program**

**NC #04 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O.Reg. 246/22, s. 102 (2) (a)

The licensee has failed to ensure implementation of protocols for infectious disease surveillance testing.

#### **Rationale and Summary**

The home used SARS-CoV-2 Rapid Antigen Test Nasal device instructions to conduct Rapid Antigen Tests for Coronavirus (COVID-19). These instructions were posted at the testing stations and outlined test results were to be read between 15-30 minutes.

A Screener conducted Rapid Antigen Tests for three visitors. The Screener did not wait the minimum 15 minutes before reading the test result and allowed the visitors to enter other home areas outside of the designated waiting area.

An ADOC acknowledged that the Screener was responsible for ensuring all visitors that completed their Rapid Antigen Test were to wait 15 minutes for their test results within the designated waiting area.

The Nurse Champion who relieved the Screener acknowledged there was no clear communication received about any outstanding Rapid Antigen Test results, and that the Screener was responsible for ensuring individuals wait the 15 minutes. The Nurse Champion acknowledged that the Screener did not follow the testing protocols according to manufacturer’s instructions. They acknowledged there was a risk that a positive Rapid Antigen Test result would appear near the 15-minute mark and if visitors left the designated waiting area, it would complicate contact tracing and the visitor could potentially infect others in the home.

**Sources:** Observations in the home, SARS-CoV-2 - Rapid Antigen Test Nasal device instructions, and interviews with a Screener, the Nurse Champion and other staff.

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