

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

**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**

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 13, 2021	2021_780699_0009	004099-21, 005479-21	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Woodbridge Vista Care Community
5400 Steeles Avenue West Woodbridge ON L4L 9S1

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

PRAVEENA SITTAMPALAM (699)

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): April 07-15, 2021.

The following Critical Incident System (CIS) intake was completed:

Log 005479-21 [CIS 2945-000023-21] related to an outbreak in the home.

The following Follow up intake was completed:

Log 004099-21 related to safe and secure environment for residents.

During the course of the inspection, the inspector(s) spoke with the former and current Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), registered nurse (RN), registered practical nurse (RPN), personal support workers (PSW), clinical support assistants (CSA), residents and family members.

During the course of the inspection, the inspector observed staff to resident interactions, and the provision of care, reviewed health records, and any relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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 home has failed to ensure was a safe and secure environment for its residents.

As per the Minister’s Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes, where staff, student placement and volunteers, who take a PCR

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Test, every Licensee shall ensure that the individual demonstrates that they have received a negative COVID-19 test result, before granting them entry.

The home was issued a compliance order (CO) on March 9, 2021, related to the screening measures upon entry to the home. The CO stipulated the following:

- Ensure all staff, volunteers, caregivers, contractors and visitors are screened at the entrance of the home, which must include providing proof of a negative COVID-19 test in accordance with the frequency outlined in the applicable Minister's Directive or Chief Medical Officer of Health's (CMOH) Directive #3 or obtain a negative Rapid Antigen Test result.

The inspector conducted observations on three separate dates and observed the following:

- staff were not being asked to provide proof of a negative COVID-19 test;
- screener at the door was screening two individuals at the same time, less than six feet apart. Screener was wearing full personal protective equipment (PPE), and the individuals were only wearing a surgical mask;
- vestibule at the entry of the home had upwards of six individuals inside, less than six feet apart, taking their masks off and speaking. Sign on vestibule door indicated a maximum of two persons at a time;
- in the front reception area, staff were lined up in front of punch clock, less than six feet apart;
- staff exiting and entering from the same doors, minimal social distancing occurring;
- visitors and staff exiting building, temperature was checked, however symptom screening not completed;
- residents observed on the unit wandering, no masks on, less than six feet away from other residents, no re-direction from staff;
- the inspector entered the home and was not asked the purpose of the visit nor was asked to present proof of a COVID-19 test.

Review of the Infection Prevention and Control (IPAC) Re-inspection report completed by Public Health Inspector (PHI) #111 identified concerns related to the social distancing during shift change, and within the vestibule. They also identified concerns with screening of staff, and recommended that the home to ensure that all screening questions are asked prior to allowing staff to go to the floors.

Staff and screeners acknowledged that proof of a negative COVID-19 was not being provided upon entry to the home. The home had a list of staff that had completed their

tests at reception, however there was no formal process at the screening desk to verify that staff received a negative test result upon entry into the home.

Residents are expected to be re-directed or encouraged to wear masks if observed walking on the unit. If those measures do not work, staff are expected to escalate behaviour concerns to the appropriate interdisciplinary team members to ensure safety.

Staff indicated that at the end of their shift, a screener will come to the floors and take their temperature, however they are not asked about developing any symptoms during their shift. Screener #105 indicated that they would go up to the floors near end of shift to complete staff temperatures and ask in general if the staff developed any symptoms. The home's screening log for staff did not indicate if staff completed a second symptom screening.

As per Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, at the time of the inspection, active screening must include twice daily (at the beginning and end of the day or shift) symptom screening.

The ADOC and the DOC confirmed that staff and residents should maintain social distancing of six feet between each other within the vestibule, in the front reception and on the resident home areas. The ADOC acknowledged that staff had a second temperature done at the end of the shift, however had reinforced to staff to inform charge nurse if they developed any symptoms during their shift.

The home failed to adhere to the Directives related to twice daily active screening of staff, maintaining social distancing throughout the home, and requesting proof of a negative COVID-19 test prior to entry in the home.

Sources: Observations conducted by Inspector #699, IPAC re-inspection report, Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, interviews with relevant staff.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the hand hygiene program was complied with.

As required by the Act (LTCHA, s. 86 (1)) the licensee was required to ensure that an infection prevention and control program was implemented in the home. As required by the Regulation (O. Reg. 79/10, s. 229. (9)) the home must ensure a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents was in place.

During the inspection, the inspector made the following observations:

-several staff members exiting resident rooms after delivering and preparing meal trays, completed hand hygiene with alcohol-based hand rub for less than 10 seconds.

Review of the home's hand hygiene policy indicated the following:

- 1) apply 1-2 pumps of product to palms of hands (1.5ml) or a drop about the size of a nickel. The volume should be such that 15 seconds of rubbing is required for drying;
- 2) Rub hands together vigorously, palm to palm;
- 3) rub in between fingers and in between fingers;
- 4) rub back of each hand with palm of other hand;
- 5) Rub fingertips of each hand in opposite palm; rub each thumb clasped in opposite hand;
- 6) rub hands until product is dry. Do not use paper towels; and
- 7) once dry, your hands are safe.

DOC #101 confirmed that the expectation is for staff to complete hand hygiene for 15 seconds.

Sources: Hand Hygiene Policy: IX-G-10.10, current revision: April 2019, observations conducted by Inspector #699, and interview with the DOC. [s. 8. (1)]

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 plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

Issued on this 25th day of May, 2021

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : PRAVEENA SITTAMPALAM (699)

Inspection No. /

No de l'inspection : 2021_780699_0009

Log No. /

No de registre : 004099-21, 005479-21

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : May 13, 2021

Licensee /

Titulaire de permis : 2063414 Ontario Limited as General Partner of 2063414
Investment LP
302 Town Centre Blvd., Suite 300, Markham, ON,
L3R-0E8

LTC Home /

Foyer de SLD : Woodbridge Vista Care Community
5400 Steeles Avenue West, Woodbridge, ON, L4L-9S1

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Kerri Judge

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
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Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / 2021_808535_0001, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

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.

Order / Ordre :

The licensee must be compliant with s. 5 of the LTCHA.

Specifically, the licensee must:

- Ensure all staff, volunteers, caregivers, contractors and visitors are screened at the entrance of the home, which must include providing proof of a negative COVID-19 test in accordance with the frequency outlined in the applicable Minister's Directive or Chief Medical Officer of Health's (CMOH) Directive #3 or obtain a negative Rapid Antigen Test result;
- Ensure that individuals maintain a distance of six feet during the following times: screening process upon entry and exiting the home, when staff are queued for punching out, when individuals are queued for testing in the chapel and within the vestibule;
- Ensure that staff are screened for symptoms of COVID-19 at the frequency outlined as per Directive #3. A written record of staff screening must be kept.
- Conduct an audit daily, upon receipt of this order, of the staff symptom screening to ensure staff are appropriately screened. A record of this audit must be kept, including date of audit, who conducted the audit and any actions taken as a result of the audit.

Grounds / Motifs :

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

As per the Minister's Directive: COVID-19: Long-Term Care Home Surveillance

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Testing and Access to Homes, where staff, student placement and volunteers, who take a PCR Test, every Licensee shall ensure that the individual demonstrates that they have received a negative COVID-19 test result, before granting them entry.

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The inspector conducted observations on three separate dates and observed the following:

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Sources: Observations conducted by Inspector #699, IPAC re-inspection report,

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Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act,
interviews with relevant staff.

Severity: There was actual risk to all residents and staff members as home was
experiencing a COVID-19 outbreak, and could contribute to potential spread of
infection in the home.

Scope: There was a pattern of non compliance as it was primarily staff who were
not being screened appropriately, nor being asked to present proof of COVID-19
test results.

Compliance history: In the past 36 months, the license was issued a compliance
order (CO) on March 8, 2021, related to the same section. (699)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

May 18, 2021

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 13th day of May, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Praveena Sittampalam

Service Area Office /

Bureau régional de services : Toronto Service Area Office