

**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**

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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 23, 2021	2021_780699_0011	008370-21	Follow up

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**Licensee/Titulaire de permis**

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

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

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

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

PRAVEENA SITTAMPALAM (699), ORALDEEN BROWN (698)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): May 27, 28, and June 2, 2021.**

**The following intake was inspected:**

**-Log 008370-21 related to safe and secure home.**

**During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Assistant Director of Care (ADOC), housekeeping aide (HA), Registered practical nurses (RPN), personal support worker (PSW), and screeners.**

**During the course of the inspection, the inspectors conducted observations of the home areas, reviewed relevant resident clinical health records and 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)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_780699_0009		699

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 101. Conditions of licence**

**Specifically failed to comply with the following:****Conditions of licence**

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.**

**Findings/Faits saillants :**

1. The licensee failed to ensure step two of a compliance order was complied with.

As part of the condition of license, the licensee failed to comply with order #001 issued on May 13, 2021, under inspection #2021\_780699\_0009 with a compliance due date of May 18, 2021, which required the licensee to do the following:

-ensure that individuals maintained a distance of six feet during the following times: screening process upon entry and exit of the home, when staff are queued for punching out, when individuals were queued for testing in the chapel and within the vestibule.

The inspectors conducted observations and noted the following:

-individuals were not maintaining a distance of six feet outside the vestibule;  
-three individuals, less than six feet apart, noted in vestibule despite signage indicating a maximum of two persons;  
-in front of the reception area, staff were lined up during shift change, less than six feet apart.

The Executive Director and the Assistant Director of Care (ADOC) indicated it was the expectation that staff should be maintaining social distancing of six feet in the home at the above mentioned times.

Sources: Observations conducted by inspector, and interviews with relevant staff. [s. 101. (3)]

***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 compliance with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the infection prevention and control program was implemented.

The inspector conducted observations and observed the following:

-a resident was noted to have an isolation caddy outside room door, however no signage on door. As per staff, resident was isolated due to symptoms of an infection.

Isolation precautions for the whole third floor was discontinued as per direction from Public Health at approximately 1800 hours (hrs). Housekeeping removed all isolation signs and equipment from resident rooms at this time. The registered practical nurse (RPN) indicated that the resident was swabbed the previous evening shift between 2100-2200 hrs as they exhibited a sign and symptom of an infection. The resident was placed on isolation again during day shift on the following day. The RPN and the Director of Care (DOC) acknowledged that the resident should have been placed back on isolation when they were tested.

Sources: Observations, and interviews with relevant staff. [s. 229. (4)]

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

**Issued on this 24th day of June, 2021**

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

**Original report signed by the inspector.**