

**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
Mar 8, 2021	2021_751649_0002	017204-20	Complaint

Licensee/Titulaire de permis

Schlegel Villages Inc.
325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5

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

The Village of Humber Heights
2245 Lawrence Avenue West Etobicoke ON M9P 3W3

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

JULIEANN HING (649)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): January 20, 21, 22, 25, 26, 27, 28, 29, February 1, 2, and 3, 2021.

**The following intake was completed during this Complaint Inspection:
Log #017204-20 related to the home's infection prevention and control program.**

During the course of the inspection, the inspector(s) spoke with the Director of Nursing Care (DNC), Director of Environmental Services (DES), physician, Resident Assessment Instrument-Minimum Data Set (RAI-MDS) Coordinator, and Registered Practical Nurses (RPNs).

During the course of the inspection the inspector reviewed residents' health records and home's policy and procedures.

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

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)

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 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 infectious diseases policy for scabies specific to isolation and environmental cleaning was complied with, for three residents.

O. Reg.79/10, s.229 (8) requires that the program includes an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts.

Specifically, staff did not comply with the home's scabies infectious disease policy #03-16, related to isolation of residents, and completion of environmental cleaning for suspected scabies outbreak. This policy indicated that residents should be isolated as soon as scabies is suspected, and with regards to environmental cleaning, thoroughly clean room with disinfectant treating all contaminated areas at the same time.

(i) Record review indicated that three residents were treated for suspected scabies during periods in 2020. According to these residents' progress notes, and staff interview they were not isolated when they were administered treatment for suspected scabies. Therefore, staff failed to comply with the home's scabies infectious disease policy and procedure specific to isolation of residents for suspected scabies.

(ii) Record review and staff interview confirmed that environmental cleaning of two resident rooms were not completed, after the residents were treated for suspected scabies. Therefore, staff did not comply with the home's scabies infectious disease policy and procedure specific to environmental cleaning.

Sources: Review of residents' health records, progress notes, physician orders, electronic medication administration records (e-MARs), home's scabies infectious diseases policy, interviews with DNC, and other staff. [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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is in compliance with and is implemented in accordance with all applicable requirements under the Act, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

Findings/Faits saillants :

1. The licensee has failed to ensure that the Director was immediately informed, in as much detail as was possible in the circumstances, of a scabies outbreak as defined in the Health Protection and Promotion Act.

(i) According to a resident's health records they were administered many treatments for suspected scabies in 2020; consisting of topical and oral medications.

The DNC confirmed that the home had not reported to the Ministry any suspected scabies outbreak in 2020.

As a result of non-compliance identified for this resident the sample was expanded to two other residents.

(ii) Two residents health records indicated that they were administered a couple of treatments for suspected scabies in 2020 consisting of topical and oral medications.

The DNC confirmed that no suspected scabies outbreaks were reported to the Ministry last year.

Sources: Review of residents' health records, progress notes, physician orders, electronic medication administration records (e-MARs), interviews with DNC, and other staff. [s. 107. (1) 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 Director is immediately informed, in as much detail as is possible in the circumstance of an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act. 6, to be implemented voluntarily.

Issued on this 9th day of March, 2021

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

Original report signed by the inspector.