

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
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Amended Public Report (A1)

Report Issue Date: November 16, 2022	
Inspection Number: 2022-1076-0001	
Inspection Type: Complaint Critical Incident System	
Licensee: Partners Community Health	
Long Term Care Home and City: Camilla Care Community, Mississauga	
Inspector who Amended Stephanie Luciani (707428)	Inspector Digital Signature
Additional Inspector(s) Nira Khemraj (741716)	

AMENDED INSPECTION REPORT SUMMARY

This public inspection report was amended to rescind a Written Notification: NC#001 was rescinded.

INSPECTION SUMMARY

The Inspection occurred on the following date(s):

November 4, 2022
November 7, 2022
November 8, 2022
November 9, 2022
November 10, 2022

The following intakes were completed in the Critical Incident System (CIS) Inspection:

- Intake #00006527, CIS #2472-000012-22 and Intake #00006618-22, CIS #2472-000015-22 related to falls prevention and management.

The following intake(s) were inspected:

- Intake #00005123 related to alleged neglect and improper care.
- Intake #00006606, CIS #2472-000024-22 related to safe and secure home.

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- Intake #00006980, CIS #2472-000014-22 related to resident care and services.
- Intake #00007282, CIS #2472-000035-22 related to falls prevention and management.

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

Infection Prevention and Control
Falls Prevention and Management
Resident Care and Support Services
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Nursing and Personal Support Services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 79/10, s. 36

This non-compliance under O. Reg. 79/10, s. 36 was rescinded.

WRITTEN NOTIFICATION: Safe and Secure Home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 5

The licensee has failed to ensure the home was a safe and secure environment for its residents when staff #110 became aware of their positive COVID19 result, destroyed the result and continued to work their shift.

Rationale and Summary

On an identified date, staff #110 received a positive COVID19 test result while at work. Staff #110 removed their positive result from the fax machine and destroyed it.

The home's investigation notes indicated that camera footage was reviewed, and staff #110 was observed destroying their positive COVID19 result and completing a blank requisition form and label. Staff #110 entered a resident's bedroom for approximately one minute wearing only

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a surgical mask, and then entered the home's storage room where the refrigerator for specimen collection was kept.

The Director of Care (DOC) acknowledged that staff #110 was aware of their positive COVID19 result and removed it from the fax machine during their shift. The DOC acknowledged that staff #110 re-swabbed themselves for COVID19 that morning, but later indicated the swab they collected and left in the specimen refrigerator did not belong to them.

Staff #110 receiving and destroying their positive COVID19 result during their shift put the residents in the home at risk for exposure to COVID19.

Sources: The home's investigation notes and interview with the DOC.

[707428]