

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: September 20, 2024	
Inspection Number: 2024-1164-0002	
Inspection Type: Complaint Critical Incident	
Licensee: Chartwell Master Care LP	
Long Term Care Home and City: Chartwell Ballycliffe Long Term Care Residence, Ajax	
Lead Inspector	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 5, 9-11, 2024
The following intake(s) were inspected:

- Intake: #00114013 / Critical Incident (CI) #2658-000005-24 and intake: #00122320 / CI #2658-000011-24 - Related to resident falls resulting in injury.
- Intake: #00119771 - Related to a complaint regarding multiple resident care areas.

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

- 1- Provide Anti-Bacterial Hand Rub at point of care to ensure it is easily accessible for staff to utilize at point of care to achieve the four moments of hand hygiene.
- 2-The IPAC Lead or designate shall conduct weekly audits once a week for four weeks to ensure ABHR is available at all point of care. The home will keep a documented record of the audits which will include the name of the person completing the audit, the date it was completed, and any corrective actions made.

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Make the records available to the inspector immediately upon request.

3-Ensure signage is posted throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring, as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

4-Ensure information regarding passive screening is always available and visible to all visitors and staff entering the home.

Grounds

1) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented. Specifically, in accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, dated September 2023, section 11.6 directs the licensee to provide individuals with information to monitor their health at home and to ensure signage is posted at entrances and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring, as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual;

Rationale and Summary

Upon entering the home, the inspector observed a list of signs and symptoms of infectious diseases at the home's entrance but not throughout the home. The IPAC Lead confirmed the signage was not posted throughout the home.

Also, observation of the passive screening process did not provide information for staff and visitors to monitor their health at home. The IPAC Lead confirmed they did not provide information for individuals to screen at home.

During a conversation with the ED, they stated passive screening information provided to individuals entering the home was located at the home's entrance in the visitor's binder. Although the ED had a copy of the information provided to individuals entering the home, there was no passive screening information on the

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table or in the binder located at the entrance of the home, when the inspector and the ED observed the entrance of the home.

Failure to provide information to monitor individual's health, and to post signage that lists the signs and symptoms of infectious disease throughout the home put residents at risk for infection.

Sources: Observations, Staffs interview

2) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented. Specifically, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, s. 10.1 states that the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90 percent (%) Alcohol-Based Hand Rub (ABHR). These agents shall be easily accessible at both point-of care and in other resident and common areas, and any staff providing direct resident care must have immediate access to 70-90% ABHR.

Rationale and Summary

During the initial tour of the home, resident's rooms on the first, second, and third floors did not have access to ABHR at the point of care. Staff were noted accessing ABHR at the door and not at the point of care.

A registered staff confirmed there are no ABHR at the point of care in residents' room and the expectation while providing care is for staff to access ABHR at the point of exit, returned to the resident and continue with care.

The IPAC lead indicated the four moments of hand hygiene can be achieved by using the ABHR at the point of entry and point of exit in the room. They also confirmed there are no ABHR at the point of care in the resident's room.

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Public Health Ontario (PHO), Best Practice for hand hygiene defined the point of care as the place where three elements occur together: the client/patient/resident, the health care provider and care or treatment involving client/patient/resident contact. The concept was used to locate hand hygiene products which were easily accessible to staff by being as close as possible, i.e., within arm's reach, to where client/patient/resident contact is taking place.

Failure to ensure ABHR is accessible at the point of care increased the risk of transmission of infectious agents.

Sources: Observations of resident's rooms on the first, second and third floors of the home, interviews with staffs, review of IPAC Standard September 2023, and PHO Best Practice for Hand Hygiene dated December 19, 2023.

This order must be complied with by November 11, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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