Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
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Bureau régional de services de Toronto
5700, rue Yonge 5e étage
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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
Feb 4, 2022	2022_846665_0001	020112-21, 021066-21	Critical Incident System

Licensee/Titulaire de permis

The Jewish Home for the Aged
3560 Bathurst Street Toronto ON M6A 2E1

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

The Jewish Home for the Aged
3560 Bathurst Street North York ON M6A 2E1

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

JOY IERACI (665)

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): January 10, 11, 12 and 13, 2022.

The following intakes were completed during this Critical Incident System (CIS) inspection:

Log #020112-21, CIS #2824-000077-21 related to improper/incompetent treatment of a resident that resulted in harm or risk to a resident and;

Log #021066-21, CIS #2824-000082-21 related to the home's COVID-19 Outbreak.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Physician, Director for Clinical Support, Food and Nutrition and Environmental Services, Infection and Prevention and Control (IPAC) Lead, Environmental Services Manager (EVS), Occupational Health and Safety Manager, Screening and Testing Clinic Supervisor, Clinical Manager, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and Housekeeping staff.

During the course of the inspection, the inspector conducted resident care observations, reviewed clinical records and pertinent policies.

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

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

The local Public Health Unit (PHU) declared a COVID-19 outbreak on December 28, 2021, in the home.

A) Observations conducted on January 11 and 12, 2022, revealed the following IPAC practices:

1. The alcohol-based hand rub (ABHR) jugs (Bio Scrub-antibacterial Hand Sanitizer with Aloe) used at the main entrance/screening area to doff/donn masks, contained 62.5% ethyl alcohol.

The home followed best practices from Public Health Ontario (PHO), including the guidance document, “Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices Guide”. The guide stated it was best practice for hand hygiene to use 70-90% ABHR in long term care settings.

IPAC Lead #101 and the Screening and Testing Clinic Supervisor #112 were not aware that the ABHR had an alcohol content of 62.5%.

2. Residents #002 and #003 had signage for droplet/contact precautions. A plastic bag with used isolation gowns was tied to the handrail outside of each resident's door. PSWs #104 and #105 provided care to the residents respectively and disposed their used isolation gowns in the plastic bag.

PSWs #104 and #105 indicated reusable isolation gowns were disposed of in a cardboard box inside the resident’s washroom. The PSWs stated that they were using disposable isolation gowns and did not know how they were to be disposed of.

3. An entrance to a shared room had signage for droplet/contact precautions. A cardboard box lined with a clear plastic bag was outside the room with the sleeve of a discarded isolation gown hanging over the arm of a chair touching a mesh bag containing unused isolation gowns.

PSWs #108 and #110 stated that the cardboard box was to be inside the resident’s room. They acknowledged that the isolation gown was not disposed of appropriately as it contaminated the unused isolation gowns and chair.

The home’s policy titled, COVID-19 Client Care Procedure Management of Clients with Febrile Respiratory Illness (FRI), Special Droplet & Contact Precautions, directed staff to

doff personal protective equipment (PPE) into the garbage and laundry bags inside the resident's room.

The best practice guide from PHO, “Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices Guide indicated that PPE should be carefully removed immediately and disposed of in the appropriate receptacle when the interaction for which the PPE was used had ended, to prevent contaminating one’s clothing and the environment by used PPE.

IPAC Lead #101 stated that it was the home’s process for used disposable and reusable isolation gowns, to be disposed of in a cardboard box inside the residents’ washrooms. They acknowledged that the isolation gowns were not disposed of properly by staff.

4. PSWs #108 and #110 provided care to resident #006 who was on droplet/contact precautions without donning an isolation gown.

5. Resident #007 had signage for droplet/contact precaution, an essential caregiver (ECG) entered the room with just a surgical/procedure mask.

The home’s policy titled, COVID-19 Client Care Procedure Management of Clients with Febrile Respiratory Illness (FRI), Special Droplet & Contact Precautions, indicated PPE of N95 mask, eye protection (face shield), gown and gloves must be worn for residents on special droplet and contact precautions. Staff must also observe ECGs when donning and doffing PPE.

The home was required to follow the Chief Medical Officer of Health’s (CMOH) Directive #3. Under Directive #3, roommates of a symptomatic resident must also be placed in isolation under appropriate additional precautions as a high risk close contact. The Directive also required Long-Term Care Homes (LTCHs) to follow Directive #5 for Hospitals within the meaning of the Public Hospitals Act and LTCHs, related to PPE.

Directive #5, required that droplet and contact precautions must be used by regulated health professionals and other health care workers for all interactions with suspected, probable or confirmed COVID-19 residents. Droplet and contact precautions included gloves, face shields or goggles, gowns, and a well-fitted surgical/procedure masks.

IPAC Lead #101 acknowledged that PSWs #108 and #110 and the ECG did not wear the required PPE for residents who were on droplet/contact precautions.

6. Resident #005, who was on droplet/contact precautions was observed in the hallway in front of their room.

PHO's, "Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices Guide, indicated it was best practice to ensure residents who require droplet precautions to remain in their room or bed space if feasible.

PSW #110 indicated that they had informed the nurse at the start of the shift that resident #005 was able to leave their room and was mobile. However, RPN #118 informed the inspector they were not aware that the resident was able to leave their room on their own. Both staff confirmed that the resident was to remain in their room and did not have one to one staffing to maintain isolation.

IPAC Lead #101 and ED #100 indicated that one to one staffing was used for residents on droplet/contact precautions due to COVID-19, if they had responsive behaviours and/or those who had difficulty staying in their rooms to maintain isolation. The IPAC Lead had not been made aware that resident #005 was found outside their room until it was brought to their attention by the inspector.

B) CMOH's Directive #3 required all LTCHs to conduct regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak.

The home was not able to provide the inspector with the required IPAC self-audits.

IPAC Lead #101 indicated they were not aware that Directive #3 had been updated with the requirement to conduct IPAC self-audits.

Sources: Observations on January 11 and 12, 2022; review of clinical records for residents #002, #003, #005, #006 and #007, CMOH's Directive #3, re-issued December 24, 2021, CMOH's Directive #5, re-issued December 17, 2021, PHO, "Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices Guide, December 2020, Building wide line list, home's policy titled COVID-19 Client Care Procedure Management of Clients with Febrile Respiratory Illness (FRI), Special Droplet & Contact Precautions, revised December 17, 2021; interviews with IPAC Lead #101, Screening and Testing Clinic Supervisor #112, RPNs #113 and #118,

PSWs #104, #105, #108, #110 and other staff. [s. 5.]

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. 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 of the the home's COVID-19 outbreak.

The home submitted a Critical Incident System (CIS) report to the MLTC on December 29, 2021, indicating that the local PHU declared a Confirmed COVID-19 outbreak on December 28, 2021. There was no after-hours report identified from December 28, 2021.

IPAC Lead #101 indicated that the PHU declared a Suspect COVID-19 Outbreak on December 26, 2021.

The CMOH's Directive #3, directed LTCHs to follow the MLTC's COVID-19 Guidance Document for Long-Term Care Homes. The document directed LTCHs to immediately report any COVID-19 outbreak (suspected or confirmed) to the MLTC since July 22, 2021.

Sources: Record review of CIS #2824-000082-21, CMOH Directive #3, issued date December 24, 2021, MLTC's COVID-19 Guidance Document for Long-Term Care Homes, issued December 23, 2021 and July 22, 2021, and interview with IPAC Lead #101. [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 circumstances, of the following incident in the home, followed by the report required under subsection (4): An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act, to be implemented voluntarily.

Issued on this 14th day of February, 2022

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 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) :	JOY IERACI (665)
Inspection No. / No de l'inspection :	2022_846665_0001
Log No. / No de registre :	020112-21, 021066-21
Type of Inspection / Genre d'inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Feb 4, 2022
Licensee / Titulaire de permis :	The Jewish Home for the Aged 3560 Bathurst Street, Toronto, ON, M6A-2E1
LTC Home / Foyer de SLD :	The Jewish Home for the Aged 3560 Bathurst Street, North York, ON, M6A-2E1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Mide Seyi-Ajayi

To The Jewish Home for the Aged, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

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

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

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

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 comply with s. 5 of the LTCHA.

Specifically, the licensee must:

1. Ensure staff and essential caregivers (ECGs) wear the required personal protective equipment (PPE) for those residents who are on droplet/contact precautions.

2. Implement a process to ensure that staff dispose used isolation gowns appropriately as per the home's policy.

3. Conduct random audits to ensure that staff dispose used isolation gowns appropriately for a minimum of one month, or until no further concerns are identified.

4. Maintain a documented record for step three, including the person responsible, date and time, and outcome.

5. Ensure that regular infection prevention and control (IPAC) self-audits are conducted as required by the Chief Medical Officer of Health's (CMOH) Directive #3.

Grounds / Motifs :

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

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28, 2021, in the home.

A) Observations conducted on January 11 and 12, 2022, revealed the following IPAC practices:

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PSWs #104 and #105 indicated reusable isolation gowns were disposed of in a cardboard box inside the resident's washroom. The PSWs stated that they were using disposable isolation gowns and did not know how they were to be disposed of.

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The home was required to follow the Chief Medical Officer of Health's (CMOH) Directive #3. Under Directive #3, roommates of a symptomatic resident must also be placed in isolation under appropriate additional precautions as a high risk close contact. The Directive also required Long-Term Care Homes (LTCHs) to follow Directive #5 for Hospitals within the meaning of the Public Hospitals Act and LTCHs, related to PPE.

Directive #5, required that droplet and contact precautions must be used by

regulated health professionals and other health care workers for all interactions with suspected, probable or confirmed COVID-19 residents. Droplet and contact precautions included gloves, face shields or goggles, gowns, and a well-fitted surgical/procedure masks.

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B) CMOH's Directive #3 required all LTCHs to conduct regular IPAC self-audits, at minimum every two weeks when the home is not in an outbreak and at minimum once a week when the home is in an outbreak.

The home was not able to provide the inspector with the required IPAC self-audits.

IPAC Lead #101 indicated they were not aware that Directive #3 had been updated with the requirement to conduct IPAC self-audits.

Sources: Observations on January 11 and 12, 2022; review of clinical records for residents #002, #003, #005, #006 and #007, CMOH's Directive #3, re-issued December 24, 2021, CMOH's Directive #5, re-issued December 17, 2021, PHO, "Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices Guide, December 2020, Building wide line list, home's policy titled COVID-19 Client Care Procedure Management of Clients with Febrile Respiratory Illness (FRI), Special Droplet & Contact Precautions, revised December 17, 2021; interviews with IPAC Lead #101, Screening and Testing Clinic Supervisor #112, RPNs #113 and #118, PSWs #104, #105, #108, #110 and other staff.

An order was made by taking the following factors into account:

Severity: There was actual risk of harm to residents and staff related to the home's IPAC practices observed.

Scope: This was isolated because the IPAC practices affected 4 out of 15 areas observed in the home.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with s.5 of the LTCHA with two voluntary plans of correction (VPCs) issued to the home.

(665)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Mar 08, 2022

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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:

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
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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.

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
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

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 revision 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
438, rue University, 8e étage
Toronto ON M7A 1N3
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 4th day of February, 2022

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Joy Ieraci

Service Area Office /
Bureau régional de services : Toronto Service Area Office