

**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>
Apr 22, 2022	2022_938758_0006	008588-21, 010648- 21, 017921-21, 019517-21, 019857- 21, 021114-21	Complaint

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**Licensee/Titulaire de permis**

Baycrest Hospital  
3560 Bathurst Street Toronto ON M6A 2E1

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

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

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

NOREEN FREDERICK (704758)

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

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

**This inspection was conducted on the following date(s): March 15, 16, 17, 18, 21, 22, 23, 24, 25, 29, 30, 31, 2022 and April 1, 2022.**

**The following complaint intakes were completed during this complaint inspection:  
Log #008588-21 related to Prevention of Abuse and Neglect,  
Log #010648-21, related to Residents' Bill of Rights,  
Log #017921-21, related to Residents' Bill of Rights,  
Log #019517-21, related to Continence Care and Bowel Management, and  
Log #021114-21 related to Plan of Care.**

**The following Critical Incident System (CIS) intake was also completed during this complaint inspection:  
Log #019857-21, CIS # 2824-000074-21 related to Prevention of Abuse and Neglect.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Unit Directors, Infection Prevention and Control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeper, and residents.**

**During the course of the inspection, the inspector observed staff to resident interactions, reviewed residents' clinical records, staffing schedules, pertinent policies and procedures, and observed IPAC practices.**

**The following Inspection Protocols were used during this inspection:  
Continence Care and Bowel Management  
Infection Prevention and Control  
Personal Support Services**

**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. 51. Continence care and bowel management**

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

**s. 51. (2) Every licensee of a long-term care home shall ensure that,  
(g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that resident #001 received sufficient changes to remain clean, dry and comfortable.

One evening, resident #001 requested for the incontinent brief change as they had a bowel movement. Resident was not changed for six and a half hours. According to resident's care plan, resident was to receive peri-care twice for the shift and as needed.

Nursing staff acknowledged that resident #001 did not receive sufficient changes to remain clean, dry and comfortable, and their care plan was not followed.

Unit Director #118 stated that the staff were expected to change the resident as soon as possible to keep them clean, dry and comfortable.

By not changing resident #001 for several hours, there was a risk for skin breakdown and infection.

Sources: resident #001's clinical records, home's investigation notes, interviews with resident #001, RPN #110, RN #117, PSW #114, PSW #111 and Unit Director #118. [s. 51. (2) (g)]

***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 residents who require continence care products have sufficient changes to remain clean, dry and comfortable, 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 all staff participated in the implementation of the home's infection prevention and control (IPAC) program related to staff and residents' hand hygiene.

Inspector #704758 conducted lunch observation on one resident home area which revealed that that staff did not offer or provide assistance to residents with hand hygiene prior to lunch.

Inspector #704758 also conducted staff hand hygiene observations on two resident home areas. These observations revealed that RPN #101, and RPN #128 did not perform hand hygiene during medication administration. Additionally, PSW #126 and PSW #127 did not perform hand hygiene after an incontinent brief change.

IPAC Lead #104 stated that staff were expected to offer or provide assistance to residents with hand hygiene prior to meals. Additionally, staff were expected to perform hand hygiene during medication administration and after exposure to bodily fluids.

By not following the home's Hand Hygiene policy, staff placed residents at risk of infection transmission.

Sources: inspector's observation, home's Hand Hygiene policy (last revised 2017), interview with IPAC Lead #104 and other 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 infection prevention and control program, to be implemented voluntarily.***

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**Issued on this 26th day of April, 2022**

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

**Original report signed by the inspector.**