

Ministry of Long-Term Care

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

Toronto District

5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Public Report

Report Issue Date: January 16, 2025

Inspection Number: 2025-1309-0001

Inspection Type:

Complaint
Critical Incident

Licensee: Baycrest Hospital

Long Term Care Home and City: The Jewish Home for the Aged, North York

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 8, 9, 10, 13, 14, 15, 16, 2025

The inspection occurred offsite on the following date(s): January 14, 2025

The following intakes were inspected in this complaint inspection:

- Intake: #00134223 - related to a complaint from family council
- Intake: #00126255 - related to resident care and support services, and skin and wound care

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake: #00125260 [CIS: 2824-000134-24/2824-000135-24] - related to improper care of a resident and pain management
- Intake: #00126336 [CIS: 2824-000140-24/2824-000155-24] - related to a fracture of unknown cause and potential improper care of a resident
- Intake: #00131992 [CI: 2824-000181-24] - related to a fall of a resident resulting in an injury
- Intake: #00134947 [CI: 2824-000201-24] - related to a potential neglect and improper continence care of a resident
- Intake: #00132274 [CI: 2824-000182-24] - related to a disease outbreak

The following intakes were completed in this CI inspection:

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- Intakes: #00128770 [CI: 2824-000160-24], #00129969 [CI: 2824-000165-24], #00132320 [CI: 2824-000183-24], #00133617 [CI: 2824-000194-24] and #00133665 [CI: 2824-000195-24] - related to a fall of a resident resulting in an injury
- Intake: #00135675 [CI: 2824-000205-24] and #00136684 [CI: 2824-000006-25] - related to disease outbreaks

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

Continence Care
Resident Care and Support Services
Skin and Wound Prevention and Management
Residents' and Family Councils
Infection Prevention and Control
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that a falls prevention intervention was applied for a resident as specified in their plan of care. The resident's plan of care indicated they

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are at risk for falls and required this falls prevention intervention at all times.

Sources: Observations; a resident's clinical records; and interviews with a Personal Support Worker (PSW).

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in a resident's plan of care was documented. Specifically, documentation was not entered for a resident with altered skin integrity.

Sources: A resident's clinical records and interview with a Registered Nurse (RN).

WRITTEN NOTIFICATION: Skin and Wound Care

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

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The licensee has failed to ensure that a resident received a skin assessment using a clinically appropriate assessment instrument when they exhibited altered skin integrity. The home's policy for skin and wound care indicated that a skin and wound care assessment is conducted for this type of altered skin integrity, however there was no assessment completed for the resident.

Sources: A resident's clinical records; home's skin and wound care policy; and interviews with a Registered Practical Nurse (RPN) and other staff.

WRITTEN NOTIFICATION: Pain Management

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 57 (2)

Pain management

s. 57 (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose.

The licensee has failed to ensure that a resident's pain was assessed using a clinically appropriate assessment instrument when the resident's pain was not relieved by initial interventions. The resident had pain due to a new medical diagnosis, and was provided with pain medication that was documented as ineffective. There were no clinically appropriate pain assessment completed at the time.

Sources: A resident's clinical records; home's pain management policy; and interviews with an RPN and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

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Program

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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).

i) The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 7.3 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that IPAC audits were completed quarterly to ensure all staff can perform the IPAC skills required for their role. Specifically, the IPAC skills of staff on two different shifts were not audited during the last quarter.

Sources: Record review of IPAC Audits from October to December 2024; and interview with an IPAC Practitioner.

ii) The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (b) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a PSW performed hand hygiene after assisting a resident and before interacting with another resident.

Source: Observation.

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iii) The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 10.4 (h) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that multiple residents were supported with hand hygiene prior to lunch service.

Source: Observation of lunch dining service.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 5.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

5. Conducting regular infectious disease surveillance.

The licensee has failed to ensure that the infection prevention and control lead conducts regular infectious disease surveillance related to an infection.

A complaint was received by the Director related to incidences and management of an infection in the home. There was no record of specific surveillance related to incidences of this infection. An IPAC Lead stated there were no specific tracking for incidences for this infection in the home.

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Sources: Test Results and interview with an IPAC Lead.

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Fixing Long-Term Care Act, 2021**

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