

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

Original Public Report

Report Issue Date: March 12, 2024	
Inspection Number: 2024-1531-0002	
Inspection Type: Critical Incident	
Licensee: City of Toronto	
Long Term Care Home and City: Bendale Acres, Scarborough	
Lead Inspector Jack Shi (760)	Inspector Digital Signature
Additional Inspector(s) Maya Kuzmin (741674) Emily Rong (000827)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): February 22, 23, 27, 29, 2024 and March 1, 4, 5, 2024</p> <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> • Intake: #00101943 - M504-000079-23 - An incident of hypoglycemia for which the resident was taken to the hospital • Intake: #00102461 - M504-000081-23 - An injury from an unknown cause leading to a significant change in a resident's status • Intake: #00105053 - M504-000087-23 - A disease outbreak • Intake: #00108229 - M504-000004-24 - A complaint letter related to a resident's health condition and various care concerns • Intake: #00108407 - M504-000006-24 - A disease outbreak

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The following intake was completed:

- Intake: #00105958 - M504-000001-24 - An injury from an unknown cause leading to a significant change in a resident's status

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

Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

Directives by Minister

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee failed to ensure two Personal Support Workers (PSWs) adhered to the masking policies set out by the Minister's Directives.

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In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, and the COVID-19 guidance document for long-term care homes in Ontario, updated November 7, 2023; all staff, students, volunteers, and support workers were required to wear a medical mask in all resident home areas.

Rationale and Summary

A PSW was observed providing care to a resident in their room. The PSW was observed without their mask being worn while the resident received care. The PSW acknowledged that they were required to wear a mask when providing resident care and that they had forgotten to do so after coming back from their break. A Nurse Manager (NM) confirmed that the PSW failed to adhere to the home's masking requirements.

Another PSW was observed coming out of the shower spa room while wheeling a resident out after completing a shower for the resident. The PSW stated they could not handle the moisture inside the shower room while wearing their mask. A NM stated that the expectation would be for the PSW to ensure they wear their mask when bathing a resident regardless of the moisture developed during the shower.

Failure to ensure that staff wore masks in resident home areas may result in transmission of respiratory viruses in the home.

Sources: Observation on two different resident units; Interview with two PSWs, two NMs. [760]

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

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s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to comply with the system that requires daily cleaning and disinfection for high contact surfaces.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that there is a system of cleaning and disinfection in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices related to contact surfaces.

Specifically, staff did not comply with the policy "Guidelines for Cleaning and Disinfection", dated June 1, 2021, which was included in the licensee's Infection Control Program.

Rationale and Summary

A housekeeper had indicated to the inspector during their interview that they would not clean the handrails in the home areas they were assigned to, unless there was an outbreak. The Infection Prevention and Control (IPAC) Manager stated that the handrails are considered high-touch surfaces and should be cleaned and disinfected at least once a day, regardless of whether the home is in an outbreak or not based on the home's policy. The Acting Building Services Manager (ABSM) stated that because the home would only provide one housekeeper for a specific area on the unit for that entire day, they would be the only ones ensuring that the

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high-touch surfaces are cleaned at least once on their shift. The ABSM confirmed that this housekeeper failed to meet the cleaning and disinfecting requirements for high-touch surfaces for the unit that the housekeeper was assigned to, as per the home's policy for cleaning and disinfection.

Failure to ensure that all high-touch surfaces were cleaned and disinfected may result in further spread of infectious diseases.

Sources: Policy titled, Guidelines for Cleaning and Disinfection, dated June 1, 2021; Interview with a housekeeper, the IPAC Manager and the ABSM. [760]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 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).

The licensee failed to ensure that hygiene agents including 70-90% alcohol-based hand rub (ABHR) was made available to residents during the snack period, as required and set out by the IPAC Standard for Long-Term Care Homes April 2022.

Under additional requirements 10.2 of the IPAC Standard, hand hygiene should be promoted for residents and assistance is to be provided before residents receive their snacks.

Rationale and Summary

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The inspector observed residents receiving snacks from staff members. No hand hygiene agents were present in the area or on the snack cart. Staff were then observed running to get two bottles of a portable hand hygiene agent and placed them on the snack cart when they noticed the inspector's presence.

On another date, the inspector observed snack carts on two resident units to not have any hand hygiene product located on the carts. A PSW stated that hand hygiene pumps should be on the snack carts so that residents can receive hand hygiene before they get their snacks. A NM confirmed that staff are supposed to use the portable hand hygiene agents for themselves and residents during snack service and that it should be on the snack carts.

Failure to promote and provide hand hygiene amongst residents prior to them eating may result in further spread of infectious diseases.

Sources: Observations on three different resident units; Interview with a PSW and a NM. [760]

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that a resident's infection symptoms were recorded on

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a shift.

Rationale and Summary

A resident was exhibiting infection symptoms over a four-day period. During this period, there was no record of any symptom monitoring during an identified shift. The IPAC Manager stated that the expectation would be for staff on each shift to document either on the progress notes or on an assessment tool in PointClickCare (PCC). The IPAC Manager reviewed the information and indicated that the Registered Practical Nurse (RPN) should have documented information about the resident's symptoms and the RPN had acknowledged they failed to do so after being made aware of the information.

Failure to document a resident's active infection symptoms may lead to a delay in required treatments.

Sources: A resident's progress notes and assessments on PCC; Interview with the IPAC Manager. [760]

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the system to respond to a resident's episode of hypoglycemia.

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In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure written policies and protocols are developed for the medication management system to ensure the accurate administration of all drugs used in the home and must be complied with.

Specifically, staff did not comply with the policy "Management of Hypoglycemia", dated September 15, 2022, which was included in the licensee's Medication Management Program.

Rationale and Summary

The resident had demonstrated a change in their condition. Upon assessment, the resident was determined to be hypoglycemic. The resident was given an intervention by a Registered Practical Nurse (RPN) and the resident had difficulty complying with the intervention. A review of the home's policy indicates that another specific intervention should be provided to residents that are hypoglycemic and presenting with similar symptoms as this resident. The NM confirmed the RPN provided an intervention that did not align with the home's policies and failed to adhere to the home's hypoglycemia policy.

Failure to adhere to the hypoglycemia policy may result in ineffective measures to intervene when a resident is experiencing hypoglycemia.

Sources: A resident's progress notes; Home's Management of Hypoglycemia policy, dated September 15, 2022; Interview with a NM. [760]