

**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
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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
Apr 29, 2022	2022_939757_0008	003360-22, 003365-22	Complaint

Licensee/Titulaire de permis

City of Toronto
Seniors Services and Long-Term Care (Union Station) c/o 55 John Street Toronto ON
M5V 3C6

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

Carefree Lodge
306 Finch Avenue East North York ON M2N 4S5

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

RODOLFO RAMON (704757)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): March 29th-April 1st, 2022

The following intakes were completed in this complaint inspection:

Log #003360-22, IL-99532 related to continence care and bowel management.

During the course of the inspection, the inspector(s) spoke with the Nurse Manager (NM), the Infection Prevention and Control (IPAC) lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and Housekeepers (HK). During the course of the inspection, the inspector observed resident and staff interactions, IPAC practices and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

A mandatory Infection Prevention and Control (IPAC) checklist was completed.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Infection Prevention and Control

Prevention of Abuse, Neglect and Retaliation

During the course of this inspection, Non-Compliances were issued.

3 WN(s)

2 VPC(s)

1 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. 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 the staff participated in the implementation of the infection prevention and control program.

According to the licensee's policy "Hand Hygiene, Precautionary Procedures" published on January 6, 2021, alcohol hand based rub was required during the four moments of hand hygiene which included;

-Before initial contact with resident/client and before touching furniture/equipment in the resident/client environment

-After contact with resident/client and after touching furniture/equipment in the resident/client environment

The licensee's policy "Dining Comfort" published January 9, 2013 specified that residents' hands should be washed with soap and running water, or alternatively alcohol based hand sanitizer before and after meals.

During observations on an identified unit on March 29, 2022, no hand hygiene was performed by RPN #101 before and after resident contact when administering medications to three residents, and by PSW #102 before handling resident food. RPN #101 and PSW #102 confirmed that all staff were required to perform hand hygiene before and after resident contact. On March 30, 2022, seven residents were not assisted with hand hygiene prior to meals on a different unit.

The IPAC lead #104 confirmed that all staff were required to perform hand hygiene before and after resident contact, and assist all residents with hand hygiene before and after meals. This placed residents at risk of transmission of infectious diseases.

Sources: Inspector's observations, policy "Dining Comfort" published January 9, 2013, policy "Hand Hygiene, Precautionary Procedures" published on January 6, 2021, interviews with IPAC lead, RN #105, RPN #101, and PSW #102. [s. 229. (4)]

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 LTCHA, 2007 S.O. 2007, c.8, s. 19.
Duty to protect**

Specifically failed to comply with the following:

s. 19. (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff. 2007, c. 8, s. 19 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 was protected from neglect by the licensee or staff in the home.

The Ministry of Long-Term Care (MLTC) received a complaint related to multiple areas of concern including neglect of resident #001. A Critical Incident System (CIS) report for the same concern was submitted by the home to the MLTC.

On an identified date, resident #001 was found by the complainant in poor sanitary condition.

According to the resident's clinical health records, resident #001 required toileting assistance. Additionally, staff were required to inspect resident #001's skin surfaces, folds and bony prominences every shift and report any areas of redness, abrasion, bruises/cuts, lesion, blister, rash, burns, blisters, and skin discoloration to an RN/RPN.

The home's investigation notes indicated that no care was provided to resident #001 for eight hours. RPN #109 stated that they saw the resident sleeping during their shift and acknowledged that no care was provided. NM #106 stated that video footage was reviewed and confirmed that resident #001's assigned PSW did not enter resident #001's room for eight hours.

Failure to provide adequate toileting services placed resident #001 at actual risk for skin breakdown.

Sources: LTC home's investigation notes, resident #001's clinical health records, interview with NM #106 and RPN #109. [s. 19. (1)]

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 resident #001 is protected from neglect by the licensee or staff in the home., to be implemented voluntarily.

WN #3: 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, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

s. 51. (2) Every licensee of a long-term care home shall ensure that, (b) each resident who is incontinent has an individualized plan, as part of his or her plan of care, to promote and manage bowel and bladder continence based on the assessment and that the plan is implemented; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident #001 received an assessment using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

The Ministry of Long-Term Care (MLTC) received a complaint related to multiple areas of concern including bowel and bladder continence care management in resident #001.

According to the licensee's policy "Management of Bowel Function" published January 4, 2016, in the event an alteration in regular bowel function occurred, an assessment should have been done to determine normal pattern of bowel movements through history

taking and observation (time, consistency, and amount), and to rule out reversible causes of incontinence.

NM #106 confirmed that no incontinence assessment was done since the time of admission for resident #001. Failure to complete a continence assessment on resident #001 placed them at actual risk of not receiving adequate continence care based on their individual needs.

Sources: NM #016, licensee's policy "Management of Bowel Function" published January 4, 2016, resident #001's clinical health records. [s. 51. (2) (a)]

2. The licensee has failed to ensure that resident #001 and resident #003's plan of care to promote and manage bowel and bladder continence is implemented.

The Ministry of Long-Term Care (MLTC) received a complaint related to multiple areas of concern including continence care and bowel management in resident #001. The complaint indicated that on an identified date and time, resident #001 was found by the complainant wearing an incontinence product not specified in the plan of care.

Resident #001's progress notes and interview with PSW #105 confirmed that resident #001 was not wearing the incontinent product specified in the plan of care.

As a result of non-compliance with resident #001, two more residents were inspected upon.

On April 1st, 2022 resident #003 was not wearing the incontinent product specified in their plan of care. NM #106 confirmed that the plan of care was not followed for resident #001 and #003. A failure to provide resident #001 and resident #003 with the incontinent products outlined in their plan of care placed them at actual risk of skin breakdown and inadequate continence care

Sources: Care plan for resident #001 and #003, resident #001's progress notes, observations conducted on April 1st, 2022, and interviews with NM #106, RPN #112, PSW #111 and PSW #105. [s. 51. (2) (b)]

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 resident #001 receives an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, and to ensure that resident #001 and resident #003's plan of care to promote and manage bowel and bladder continence is implemented., to be implemented voluntarily.

Issued on this 16th day of May, 2022

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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) : RODOLFO RAMON (704757)

Inspection No. /

No de l'inspection : 2022_939757_0008

Log No. /

No de registre : 003360-22, 003365-22

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Apr 29, 2022

Licensee /

Titulaire de permis : City of Toronto
Seniors Services and Long-Term Care (Union Station),
c/o 55 John Street, Toronto, ON, M5V-3C6

LTC Home /

Foyer de SLD : Carefree Lodge
306 Finch Avenue East, North York, ON, M2N-4S5

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Lisa Salonen MacKay

To City of Toronto, you are hereby required to comply with the following order(s) by
the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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 :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with s. 229(4) of the O. Reg 79/10.

Specifically the licensee must:

1. Ensure that residents on the second floor receive assistance with hand hygiene before and after meals.
2. Staff who provide direct care on the first and second floor are re-trained on the home's hand hygiene policy and dining comfort policy. A record of the training content and staff sign off must be maintained at the home.

Grounds / Motifs :

1. The licensee has failed to ensure that the staff participated in the implementation of the infection prevention and control program.

According to the licensee's policy "Hand Hygiene, Precautionary Procedures" published on January 6, 2021, alcohol hand based rub was required during the four moments of hand hygiene which included;

- Before initial contact with resident/client and before touching furniture/equipment in the resident/client environment
- After contact with resident/client and after touching furniture/equipment in the resident/client environment

The licensee's policy "Dining Comfort" published January 9, 2013 specified that residents' hands should be washed with soap and running water, or alternatively alcohol based hand sanitizer before and after meals.

During observations on an identified unit on March 29, 2022, no hand hygiene was performed by RPN #101 before and after resident contact when

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

administering medications to three residents, and by PSW #102 before handling resident food. RPN #101 and PSW #102 confirmed that all staff were required to perform hand hygiene before and after resident contact. On March 30, 2022, seven residents were not assisted with hand hygiene prior to meals on a different unit.

The IPAC lead #104 confirmed that all staff were required to perform hand hygiene before and after resident contact, and assist all residents with hand hygiene before and after meals. This placed residents at risk of transmission of infectious diseases.

Sources: Inspector's observations, policy "Dining Comfort" published January 9, 2013, policy "Hand Hygiene, Precautionary Procedures" published on January 6, 2021, interviews with IPAC lead, RN #105, RPN #101, and PSW #102.

An order was made taking the following factors into account:

Severity: Hand hygiene was not practiced by staff and residents in accordance with the IPAC program. This resulted in actual risk to the residents related to the spread of infectious diseases.

Scope: There was a pattern of non-compliance as hand hygiene practices were not complied with in two out of three floors in the home.

Compliance history: One Voluntary Plan of Action (VPC) and one Written Notification (WN) to the same subsection.

(704757)

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

May 30, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

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.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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

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

**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, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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

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

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 révision
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 29th day of April, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Rodolfo Ramon

Service Area Office /

Bureau régional de services : Toronto Service Area Office