

**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**

<b>Report Issue Date:</b> July 4, 2024	
<b>Inspection Number:</b> 2024-1595-0002	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> City of Toronto	
<b>Long Term Care Home and City:</b> Carefree Lodge, North York	
<b>Lead Inspector</b> Cindy Cao (000757)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Carrie Normand (000859) was present during this inspection.	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): June 11-14, 17, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Intake: #00112597/Critical Incident (CI) #M596-000006-24 - related to a disease outbreak</li> <li>• Intake: #00114991/CI #M596-000008-24 - related to falls prevention and management</li> </ul> <p>The following intake(s) were completed :</p> <ul style="list-style-type: none"> <li>• Intake: #00114901/CI #M596-000007-24 - related to a disease outbreak</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

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Infection Prevention and Control  
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 (4) (a)**

Plan of care

s. 6 (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and

The licensee has failed to ensure that the staff and others involved in the different aspects of care of a resident collaborated with each other in the assessment of the resident's fall.

**Rationale and Summary**

A resident had an unwitnessed fall with injuries.

On a specific date, a Personal Support Worker (PSW) found the resident on the ground. The PSW and another PSW transferred the resident prior to a registered staff's assessment. Some hours later, the resident's fall was reported to a Registered Practical Nurse (RPN). The PSWs indicated there was confusion and lack of

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communication with each other regarding the reporting of the resident's falls to the RPN. Both of the PSWs acknowledged that the fall should have been reported to the registered staff immediately after they found the resident on the floor.

The RPN indicated that the PSWs should have reported the resident's fall immediately to registered staff for assessment and no transferring should have occurred prior to registered staff's assessment.

Failure to report falls to registered staff promptly put the resident at risk for delayed post fall assessments, interventions and monitoring.

**Sources:** A resident's clinical records and interviews with staff.  
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## **WRITTEN NOTIFICATION: Plan of care**

NC #002 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 the care set out in the plan of care was provided to a resident as specified in their plan of care.

### **Rationale and Summary**

A resident was assessed to be at risk for falls. The resident's plan of care stated they required a specific device as part of their fall prevention interventions.

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The resident was observed sleeping in bed without the device connected. A PSW confirmed that the device was not connected when the inspector made the observation. The PSW acknowledged the device should have been connected when the resident was in bed.

The RPN acknowledged that the device should have been connected for the resident when they were in bed as per their care plan.

Failure to apply the device put the resident at risk for injuries and a delayed staff response.

**Sources:** Observation made on a specific date, a resident's clinical records and interviews with staff.

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## **COMPLIANCE ORDER CO #001 Infection prevention and control program**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

**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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:**

Specifically, the licensee shall:

1) Re-train a Registered Nurse (RN) on the home's Personal Protective Equipment

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(PPE) policy, specifically on when to perform hand hygiene during the donning and doffing processes of PPEs.

2) Re-train a PSW on the home's Hand Hygiene policy, specifically on hand hygiene practices prior to and after resident/resident environment contact.

3) Document the education from step 1 and 2, and maintain a record, to include the date, the staff being trained and the staff member who provided the education.

4) Conduct random weekly audits, for a minimum of four weeks following service of this order, including but not limited to;

i) The RN's hand hygiene practices during the processes of donning and doffing PPEs

ii) The PSW's hand hygiene practices, specifically for the four moments of hand hygiene

5) Maintain a record of the audits conducted, to include, but not limited to: audit dates, person(s) completing the audits, audit findings and any actions taken in response to the audit findings.

**Grounds**

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, IPAC Standard for Long-Term Care Homes, s. 9.1 (b) and (d) stated that the licensee shall ensure that Routine Practices and Additional Precautions were followed in the IPAC program. At minimum Additional Precautions shall include: hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact); and

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the proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

**Rationale and Summary**

(i) A RN was observed wearing a surgical mask and face shield arriving in front of a resident's room who was on droplet and contact precautions. Prior to entering the resident's room, the RN performed hand hygiene, donned a gown, removed the surgical mask and face shield, then donned a N95 mask and gloves. No hand hygiene was performed by the nurse after the removal of the surgical mask and face shield prior to donning the N95 mask.

The home's PPE policy directed staff to perform hand hygiene after the removal and prior to the application of PPEs.

The IPAC Manager acknowledged that the RN should have performed hand hygiene after removing the surgical mask and face shield prior to the donning of the N95 mask. The IPAC manager indicated that there was risk of transmission of infection during a COVID-19 outbreak when hand hygiene was not performed in the process of donning and doffing PPEs.

**Sources:** Observation made on a specific date, the home's Personal Protective Equipment policy (IC-0604-00, published 01-05-2015) and interview with the IPAC Manager.

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(ii) A PSW was observed entering a resident's room and removed the resident's meal tray. No hand hygiene was performed by the PSW before or after resident environment contact. The PSW acknowledged that they did not perform hand hygiene as they were not aware that hand hygiene was required before and after

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touching resident objects in their environment.

The home's Hand Hygiene policy directed staff to perform hand hygiene according to the four moments of hand hygiene.

The IPAC Manager acknowledged that the PSW should have performed hand hygiene before and after being in contact with the resident's objects in their room.

Failure to follow routine hand hygiene practices increases the risk of infection transmission during a disease outbreak.

**Sources:** Observation made on a specific date, the home's Hand Hygiene policy (IC-0604-00, published 01-05-2015) and interviews with staff.  
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**This order must be complied with by** August 30, 2024

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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE** The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3



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e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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**Health Services Appeal and Review Board**

Attention Registrar  
151 Bloor Street West, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website [www.hsarb.on.ca](http://www.hsarb.on.ca).