Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Toronto District
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Public Report

Report Issue Date: January 28, 2025

Inspection Number: 2025-1247-0001

Inspection Type:
Complaint
Critical Incident

Licensee: The Rekai Centres

Long Term Care Home and City: Sherbourne Place, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 22-24, and 27-28, 2025.

The following intake was inspected in this complaint inspection:

- Intake: #00132683 - related to resident care and support services

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

- Intake: #00132022 - related to resident-to-resident abuse
- Intake: #00135773 - related to disease outbreak

The following intake was completed in this CI inspection:

- Intake: #00137631 - related to disease outbreak

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Residents' Bill of Rights

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 3 (1) 11.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
11. Every resident has the right to live in a safe and clean environment.

The licensee has failed to ensure that a resident's rights to live in a safe environment was respected. The resident reported feeling unsafe in the home after an altercation with another resident.

Sources: Resident's progress notes and interview with the resident.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 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 has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

i) 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 Personal Support Worker (PSW) performed hand hygiene when entering and exiting a resident room on additional precautions.

Sources: Observations, and interview with the PSW.

ii) 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 when entering and exiting multiple resident rooms, and after contact with a resident.

Sources: Observations and interview with the PSW.

WRITTEN NOTIFICATION: CMOH and MOH

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that recommendations issued by the Chief Medical Officer of Health (CMOH) was followed in the home.

In accordance to 3.1 IPAC Measures under the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (effective

October 2024), the licensee has failed to ensure that Alcohol-based hand rubs (ABHR) must not be expired when a wall-mounted ABHR was observed on a resident home area with an expiry date of March 2024.

Sources: Observations and interview with IPAC Lead.