

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: February 5, 2025

Inspection Number: 2025-1294-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: Estonian Relief Committee in Canada

Long Term Care Home and City: Ehatare Nursing Home, Scarborough

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 29-31, 2025 and February 3-5, 2025

The following intake(s) were inspected:

- Intake - Proactive Compliance Inspection

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

INSPECTION RESULTS

WRITTEN NOTIFICATION: Posting of Information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (c)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect was posted in the home.

Sources: Observations, Initial tour of the home.

WRITTEN NOTIFICATION: Posting of Information

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

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee has failed to ensure that the explanation of whistleblowing protection policy was posted in the home.

Sources: Observations, initial tour of the home.

WRITTEN NOTIFICATION: Pain Management

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

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Non-compliance with: O. Reg. 246/22, s. 57 (1) 4.

Pain management

s. 57 (1) The pain management program must, at a minimum, provide for the following:

4. Monitoring of residents' responses to, and the effectiveness of, the pain management strategies.

The licensee has failed to comply with the home's pain management program for a resident. In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the pain management program are complied with.

Specifically, the home's pain management policy indicates nurses are to conduct and document a pain assessment for the initiation of pain medication or Pro Re Nata (PRN) analgesic and new onset of pain.

A pain assessment was not completed for a resident after complaining of a new onset of pain on two occasions and after initiation and administration of a PRN pain medication.

Associate Director of Care (ADOC) #110 and Registered Nurse (RN) #107 acknowledged that the home missed doing a pain assessment for the resident when they complained of pain.

Sources: The resident's clinical record, the home's "Pain Management Program" policy, interviews with staff.

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

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 (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 Routine Practices and Additional Precautions were followed in the IPAC program in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes September 2023" (IPAC Standard).

Specifically, the licensee failed to ensure that additional personal protective equipment (PPE) requirements including appropriate selection, application, removal, and disposal, were followed in the IPAC program as required by Additional Requirement 9.1 Additional Precautions (f) under the IPAC Standard.

Personal Support Worker (PSW) #102 was observed in a resident room under additional precautions, in close proximity to the residents, without the appropriate PPE. PSW #102, RPN #101, and IPAC Lead confirmed the expectation was to don the appropriate PPE prior to entering a resident room on additional precautions.

Sources: Observations, interviews with staff.

WRITTEN NOTIFICATION: Posting of Information

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

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

Ministry of Long-Term Care

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

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home.

Sources: Observations, initial tour of the home.