

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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 26, 2021	2021_610633_0009	004714-21	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Brampton
7891 McLaughlin Road Brampton ON L6Y 5H8

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

SHERRI COOK (633), APRIL TOLENTINO (218)

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 29-31, April 1, 2021.

Complaint log #004714-21 was completed during this inspection related to Infection Prevention and Control (IPAC) practices and visitation.

Critical Incident (CI) log #000450-21/2847-000001-21 related to falls prevention was completed concurrently during this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the IPAC Lead, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a recreation aide, a screener, a housekeeper, students, a Peel Public Health representative and a family member.

The inspector(s) observed IPAC practices at the home. The plan of care for the identified residents, CMOH Directive's, Public Health Ontario (PHO) and IPAC best practices, and the home's related IPAC policies and documents were reviewed.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Infection Prevention and Control
Minimizing of Restraining
Safe and Secure Home**

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

1 WN(s)

0 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 :

The licensee failed to ensure that all staff participated in the implementation of the home's hand hygiene and COVID-19 Infection Prevention and Control (IPAC)

precautions for specific residents.

PHO Best Practice Guidelines, and the home's policies for Routine Practices and Hand Hygiene emphasized that for every patient and/or environment encounter, the four moments of hand hygiene must be applied by staff.

Six staff members were observed not performing hand hygiene. This included after providing direct care, while distributing laundry to multiple resident rooms, during beverage preparation and contact with the resident/room environment and in between contact with multiple residents while portering. One staff member walked through the hallway with their used gloves and placed them into their pockets.

All staff were expected to perform hand hygiene before and after resident care and contact with the resident and their environment. The breach of staff participation in IPAC routine practices and hand hygiene placed the residents at risk for contracting infections.

Sources: multiple observations; PHO Best Practice for Hand Hygiene in All Health Care Settings (April 2014), the home's policies Routine Practices (October 2020) and Hand Hygiene (October 2020); interviews with multiple staff and the IPAC Lead. (218)

2. On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

A) On March 22, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. A requirement was made for LTCHs to implement an isolation period under droplet and contact precautions for specific residents. The purpose was to mitigate the potential risk related to variants of concern (VOC) and the potential of incubating COVID-19 infection.

Public Health Ontario (PHO) guidance documents stated that when surgical masks and eye protection were used as part of personal protective equipment (PPE) for COVID-19, the front of the mask and faceshield were considered contaminated. All PPE was to be removed after use including the surgical mask and reusable faceshields were to be cleaned after each use.

At the time of inspection universal surgical masks and re-usable gowns had been implemented and universal eye protection was optional to be used by staff as source control.

Three resident's required droplet/contact precautions.

Observations of PPE use on three resident home areas showed that multiple staff did not complete hand hygiene, don a disposable gown over their reuseable gown, a faceshield/goggles, or gloves on entry to the resident rooms. Their gown was not doffed, hand hygiene was not completed and their surgical mask was not changed on exit of the residents' room. This included after providing direct care within two meters of the residents, and after contact with the residents and their environment. One staff member immediately entered another resident room who was not on isolation precautions and they did not wash their hands on entry.

Donning and doffing signage by Extendicare was posted on the doors of the three newly admitted residents and directed staff to follow the home's Universal PPE strategy principles. Components of the home's COVID-19 Universal PPE Strategy policy were not followed by staff. In addition, portions of the home's policies were not in accordance with Directive #3 and PH best practices.

Multiple staff had varying answers as to the process and the required PPE use for resident admissions to the home. The home did not consult Public Health nor receive any guidance from PH that differed from Directive #3 and PHO best practices regarding PPE use for specific residents. The IPAC Lead stated that the expectation was to don/doff the required PPE when entering and exiting isolation rooms. However, they also said that staff were required to follow the home's PPE signage and the home's IPAC policies.

B) Directive #5 issued October 8, 2020, stated that the IPAC precautions in Directive #1 dated March 12, 2020, revised March 30, 2020, must be followed by LTCHs. The minimum staff use of PPE was droplet and contact precautions (gown, surgical mask, eye protection, gloves) for the routine care of all residents with suspect COVID-19. Staff must have access to all required PPE supplies at point of care (POC).

There were no surgical masks, eye protection, and disposal hampers for used PPE at POC for a resident room and there were no surgical masks at the nursing station on the unit. A staff member did not follow the appropriate donning/doffing procedure for a resident that required COVID-19 isolation precautions. Three staff said the masks and

eye protection were not kept at POC. The staff member could only obtain the PPE supplies after speaking with the IPAC Lead. The IPAC lead acknowledged that surgical masks were not always kept at POC and staff could ask for a clean mask when wet or soiled.

The home did not follow Directive #5 which directed that clean PPE would be located at the entrance of resident isolation rooms. In addition, components of the home's policy were not in accordance to Directive #5 and PH best practices.

The licensee has failed to ensure that the minimum PPE standard of droplet/contact precautions for specific residents was implemented. The home did not ensure that staff had access to the required PPE supplies at POC and clear direction from the home's IPAC policies to follow.

Sources: multiple observations, the home's policies Appendix 3 Disinfecting of Goggles and Faceshields (April 2020) and Extencicare Universal PPE policy (January 2021); the home's PPE donning/doffing signage; Directives #3, #5, IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19 (January 2021), PHO PIDAC Routine Practices and Additional Precautions in All Healthcare Settings, 3rd Edition (November 2012), PHO Putting on and Taking off PPE (2012), COVID-19, PHO Universal Mask Use in Health Care Settings and Retirement Homes (February 2021), PHO Universal Mask Use in Health Care (February 2021); Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes 2nd revision (December 18, 2020/completed February 2, 2021); interviews with multiple staff, IPAC Lead, DOC, and a Public Health representative.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 28th day of April, 2021

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) : SHERRI COOK (633), APRIL TOLENTINO (218)

Inspection No. /

No de l'inspection : 2021_610633_0009

Log No. /

No de registre : 004714-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Apr 26, 2021

Licensee /

Titulaire de permis : Extendicare (Canada) Inc.
3000 Steeles Avenue East, Suite 103, Markham, ON,
L3R-4T9

LTC Home /

Foyer de SLD : Extendicare Brampton
7891 McLaughlin Road, Brampton, ON, L6Y-5H8

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Hannah Okseberg

To Extendicare (Canada) Inc., 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 Ontario Regulations 79/10, s. 229 (4).

Specifically, the licensee must ensure that:

- 1) All staff use the four moments of hand hygiene according to best practices.
- 2) All staff use personal protective equipment (PPE) in accordance with the current Directives #3 and #5 and PH best practices
- 3) The home's Universal PPE policy is reviewed and revised in accordance with the current Directives #3 and #5 and PH best practices. The date of the review, who is responsible, and changes made, if any, must be documented.
- 4) All staff and students are retrained to ensure compliance with PPE use for specific residents in isolation in accordance with the current Directives #3 and #5 and PH best practices. A written record of the education that is provided to staff must be kept and include the date, the content of the education and the staff member who provided the education.
- 5) Required PPE for COVID-19 isolation rooms is kept at POC.
- 6) A designated individual(s) conducts, at minimum, daily audits on each RHA and every shift to ensure compliance with hand hygiene, PPE usage and access to PPE supplies at POC. The audits should continue for as long as PPE usage is included in Directive #3, #5 and for the duration of the COVID-19 pandemic. The date of the audit, the person responsible, and the actions taken including disciplinary must be documented.

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

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Grounds / Motifs :

1. The licensee failed to ensure that all staff participated in the implementation of the home's hand hygiene and COVID-19 Infection Prevention and Control (IPAC) precautions for specific residents.

PHO Best Practice Guidelines, and the home's policies for Routine Practices and Hand Hygiene emphasized that for every patient and/or environment encounter, the four moments of hand hygiene must be applied by staff.

Six staff members were observed without performing hand hygiene. This included after providing direct care, while distributing laundry to multiple resident rooms, during beverage preparation and contact with the resident/room environment and in between contact with multiple residents while portering. One staff member walked through the hallway with their used gloves and placed them into their pockets.

All staff were expected to perform hand hygiene before and after resident care and contact with the resident and their environment. The breach of staff participation in IPAC routine practices and hand hygiene placed the residents at risk for contracting infections.

Sources: multiple observations; PHO Best Practice for Hand Hygiene in All Health Care Settings (April 2014), the home's policies Routine Practices (October 2020) and Hand Hygiene (October 2020); interviews with multiple staff and the IPAC Lead. (218)

2. On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

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Three residents required droplet/contact precautions.

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The licensee has failed to ensure that the minimum PPE standard of droplet/contact precautions for specific residents was implemented. The home did not ensure that staff had access to the required PPE supplies at POC and clear direction from the home's IPAC policies to follow.

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2007, chap. 8

IPAC Lead, DOC, and a Public Health representative.

An order was made by taking the following factors into account:

Severity: The licensee not ensuring that staff followed routine hand hygiene practices and droplet and contact precautions for newly admitted residents was minimal harm for all residents and staff for COVID-19.

Scope: This non-compliance was widespread as three of three residents/RHAs reviewed were impacted.

Compliance History: The home has no previous history of non-compliance with this legislation in the past 36 months. (218)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

May 26, 2021

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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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
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2007, c. 8

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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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
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.

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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
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

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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
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
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 26th day of April, 2021

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Sherri Cook

Service Area Office /

Bureau régional de services : Central West Service Area Office