

**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
Facsimile: (416) 327-4486

Bureau régional de services de
Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 4, 2020	2020_780699_0017	020861-20	Critical Incident System

Licensee/Titulaire de permis

City of Toronto
c/o Seniors Services and Long-Term Care 365 Bloor Street East, 15th Floor TORONTO
ON M4W 3L4

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

Fudger House
439 Sherbourne Street TORONTO ON M4X 1K6

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

PRAVEENA SITTAMPALAM (699), MATTHEW CHIU (565)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): Oct 23 and 26, 2020.

The following logs were inspected:

-Log 020861-20 (Critical Incident System (CIS) report #M524-000018-20) related to infection outbreak.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Director of Resident Care, Nurse manager, registered practical nurse (RPN), personal support worker (PSW), and infection prevention and control (IPAC) extenders.

During the course of the inspection, the inspector conducted observations of staff and resident interactions, provision of care, and policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Safe and Secure Home**

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

4 WN(s)

4 VPC(s)

0 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 LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure they fully respected and promoted the residents' right to be afforded privacy in treatment and in caring for their personal needs.

The inspector made the following observations in the home on October 23rd and 26th, 2020:

- PSWs provided care to a resident, privacy dividers were put in place, however the resident was visible to another resident on the opposite side of them, no screen in place between them;
- a resident observed to be using an assistive device at bedside, no privacy curtain drawn, was visible to other residents and inspector; and
- PSW grabbed privacy divider, went to assist the above mentioned resident. Privacy divider blocked the view of inspector however residents on either side of the resident had an unobstructed view of the resident being provided care.

Staff indicated they had privacy dividers in place to provide residents privacy however some of the residents in the room were able to ambulate and sometimes privacy cannot be maintained. Staff were unable to adequately provide privacy for residents from the other residents in the auditorium who were being provided care.

Sources: Observations and staff interviews with a PSW and the DON. [s. 3. (1) 8.]

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 every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents.

The inspector made the following observations in the home on October 23rd and 26th, 2020:

-Fifteen residents were observed in the auditorium in the basement of the home. There was no communication system set up for the residents. Please refer to Written Notification (WN) #3 for further details;

-A resident was observed wandering in the auditorium, touching chairs and nearly tripping on the privacy dividers. Staff were behind privacy dividers and were unable to monitor the resident;

-the stage in the auditorium was noted be filled with chairs stacked on top of each other. The area had caution tape running across either end of the stage with extension cords noted at the bottom of the stage. A resident was noted to be wandering near the stage, reaching out to the chair on the stage and their feet were subsequently caught up in the wires. The staff were not near the resident and the inspector had to call for staff to assist the resident; and

-inspector noted call bells in the adjacent washrooms, however did not observe any call bell alert system in the auditorium.

Staff were unable to keep constant monitoring of residents in the auditorium when providing care to other residents. Staff confirmed that the access to the stage and loose extension wires was a safety risk for residents and should not be accessible to them. Staff also confirmed that the call bells in the washroom, if pulled, would alert the floor above and not alert them, and they would not know if a resident required assistance unless they were notified by staff from the first floor.

Sources: Observations and interviews with a RPN, a PSW, and the Administrator. [s. 5.]

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following:

- s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,**
- (a) can be easily seen, accessed and used by residents, staff and visitors at all times; O. Reg. 79/10, s. 17 (1).**
 - (b) is on at all times; O. Reg. 79/10, s. 17 (1).**
 - (c) allows calls to be cancelled only at the point of activation; O. Reg. 79/10, s. 17 (1).**
 - (d) is available at each bed, toilet, bath and shower location used by residents; O. Reg. 79/10, s. 17 (1).**
 - (e) is available in every area accessible by residents; O. Reg. 79/10, s. 17 (1).**
 - (f) clearly indicates when activated where the signal is coming from; and O. Reg. 79/10, s. 17 (1).**
 - (g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident-staff communication and response system was available at each resident bed in the auditorium.

The inspector made the following observations in the home on October 23rd and 26th, 2020:

- Fifteen residents were observed in the auditorium in the basement of the home. There was no communication system set up for the residents;
- observed resident waving at staff and inspector for assistance, staff behind privacy divider unable to see.

Staff indicated that residents did not have access to a call bell in the auditorium. They indicated many of the residents would not be able to use a call bell due their cognition, however that there were two residents who would be able to use a call bell. They indicated that the residents were visible to the staff at all times and would be able to respond to the resident needs. The RPN confirmed that they would be unable to keep constant monitoring of residents or know if a resident required assistance if they were behind a privacy divider.

Sources: Observations and staff interview with a RPN, and the Administrator. [s. 17. (1) (d)]

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 the home is equipped with a resident-staff communication and response system that is available at each bed, toilet, bath and shower location used by residents, to be implemented voluntarily.

WN #4: 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 home's infection prevention and control program was implemented.

The inspector made the following observations in the home on October 23rd, 2020:

- observed privacy dividers not being wiped between residents in the auditorium;
- observed staff on second floor incorrectly donning and doffing personal protective equipment (PPE). A PSW was observed putting on gloves first, then gown. When staff were removing PPE, they removed gown and then gloves;
- observed staff in droplet precaution resident room without a gown while assisting with repositioning of a resident;
- observed a PSW not complete hand hygiene after doffing PPE and touched clean linen cart; and
- observed residents in a resident room, less than 6 feet(ft) apart, no curtains drawn in room.

The home was declared to be in outbreak for an identified infection and subsequently all residents in the home were placed on droplet precautions, which included mask, face shield, gown and gloves with appropriate hand hygiene practice, and universal mask and face shield to be worn at all times in the home. Staff indicated that if staff required any activity of daily living (ADL) care, the staff would be required to wear full droplet precautions. The home required the staff to put on PPE in the following way after each resident interaction: perform hand hygiene, gown, and gloves. The home required the staff to take off PPE in the following way: remove gloves, then gown, perform hand hygiene. Additional precautions within resident rooms are that residents are to be six feet apart as much as possible and the curtain is drawn between them.

Sources: Observations, policy titled "Personal Protective Equipment" # IC-0604-00, CIS report #M524-000018-20, and staff interviews with the NM, two PSWs, and the DON. [s. 229. (4)]

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 all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 6th day of November, 2020

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

Original report signed by the inspector.