

## Original Public Report

**Report Issue Date** September 26, 2022

**Inspection Number** 2022\_1547\_0001

**Inspection Type**

- ☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up  
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy  
☐ Other \_\_\_\_\_

**Licensee**

City of Toronto – Seniors Services and Long-Term Care

**Long-Term Care Home and City**

Fudger House, Toronto

**Lead Inspector**

Stephanie Luciani (707428)

**Inspector Digital Signature**

**Additional Inspector(s)**

Inspector #741150 Ramesh Purushothaman was also present during this inspection.

## INSPECTION SUMMARY

The inspection occurred on the following date(s): September 6, 7, 8, 13, 14 and 15, 2022.

The following intakes were completed in the Critical Incident System (CIS) Inspection:

- Intake #007966-22, CIS #M524-000003-22, Intake #012753-21, CIS #M524-000014-21, Intake #012682-21, CIS #M524-000013-21, Intake #011538-22, CIS #M524-000009-22, Intake #006933-22, CIS #M524-000002-22, and Intake #013901-21, CIS #M524-000015-21 were related to falls prevention and management.
- Intake #015727-21, CIS #M524-000016-21 related to safe and secure home.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Reporting and Complaints
- Safe and Secure Home

## INSPECTION RESULTS

### WRITTEN NOTIFICATION REPORTING AND COMPLAINTS

**NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

**Non-compliance with: O. Reg. 79/10 s. 107 (1) 3**

The licensee has failed to ensure that the Director was immediately informed that a resident was missing from the home for three hours or more.

**Rationale and Summary**

On a date in February 2022, a resident informed staff that they would be absent from the home for approximately five hours. Later that night, staff determined that the resident did not return to the home at their expected time. Police were notified the resident did not return within their expected return time. The resident was found by staff the following day and returned to the home.

The Nurse Manager acknowledged that the resident was missing for 19 hours, a code yellow was initiated, and police were notified. The Nurse Manager acknowledged that the Director was not immediately informed when the resident was missing for 3 hours or more.

**Sources:** The resident's clinical health records and progress notes, and interview with the Nurse Manager.

[707428]

**WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM****NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1****Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)**

The licensee has failed to ensure that staff performed hand hygiene before and after resident environment contact in accordance with "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022." Specifically, additional requirement 9.1 (b) under routine practices.

**Rationale and Summary**

A staff member was observed assisting a resident in their wheelchair into the hallway and did not perform hand hygiene after coming into contact with the resident's environment. The staff then assisted a second resident in their wheelchair in the hallway and did not perform hand hygiene. The staff went back to assist the first resident in their wheelchair.

The home's policy titled "Hand Hygiene" directed staff to perform hand hygiene as per the four moments of hand hygiene: before initial contact with the resident and equipment in the resident environment and after contact with the resident and equipment in the resident environment.

The Infection Prevention and Control (IPAC) Lead acknowledged that staff were to perform hand hygiene before and after coming into contact with a resident or resident's environment, and in between assisting residents.

Failure to ensure staff performed hand hygiene as required by routine practices, increased the risk of transmission of infection.

**Sources:** Observations, review of the home's Hand Hygiene Policy, interview with the IPAC Lead, and review of the Infection Prevention and Control Standard for Long-Term Care Homes, April 2022.

[707428]