

Ministry of Long-Term Care

Long-Term Care Operations Division

Long-Term Care Inspections Branch

Toronto District

5700 Yonge Street, 5th Floor

Toronto, ON, M2M 4K5

Telephone: (866) 311-8002

Amended Public Report Cover Sheet (A1)

Amended Report Issue Date: November 5, 2024

Original Report Issue Date: October 31, 2024

Inspection Number: 2024-1547-0003 (A1)

Inspection Type:

Critical Incident

Licensee: City of Toronto

Long Term Care Home and City: Fudger House, Toronto

AMENDED INSPECTION SUMMARY

This report has been amended to:

NC #002 (WN) was amended to remove part (D) related to signage not being posted throughout the home (issued in original licensee report as WN for O. Reg. 246/22, s. 102 (2) (b)). This NC is being newly issued as an NCR in this Amended Inspection Report (A1). Amendment rationale: "Received request from LTCH to consider leaving part (D) of this NC as a NCR. Reviewed request and will accept based on the risk at the time of the inspection." Parts (A), (B) and (C) of NC #002 (WN) were not amended therefore the served date remains October 31, 2024.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 8-11, 2024, and October 15-16, 2024

The following intake(s) were inspected:

- Intake #00120314/Critical Incident (CI)#M524-000012-24 was related to an outbreak.
- Intake #00120827/CI#M524-000013-24 and Intake #00121285/CI#M524-000014-24 were related to a missing resident.
- Intake #00121252/CI#M524-000015-24 was related to alleged abuse.

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

Resident Care and Support Services

Infection Prevention and Control

Prevention of Abuse and Neglect

Responsive Behaviours

AMENDED INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

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s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident; and

The licensee has failed to ensure that the written plan of care for a resident set out clear directions to staff and others who provided direct care to the resident, specifically related to additional precautions.

Rationale and Summary

A resident's care plan indicated that the resident was on a specific type of additional precautions. Signage was observed indicating a different type of additional precautions.

Direct care and registered staff were aware of the correct type of additional precautions for the resident. Staff confirmed that the resident was no longer on the type of additional precautions indicated in the care plan.

Staff acknowledged that the plan of care did not set out clear directions regarding what additional precautions were required for the resident.

The care plan was revised to indicate the correct type of additional precautions and the incorrect item was removed from the care plan.

Sources: Observation, Resident's clinical records, Interviews with direct care, registered staff and management.

Date Remedy Implemented: October 8, 2024

(A1)

The following non-compliance(s) has been amended: NC #002

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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).

(A) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, the licensee failed to implement Additional Requirement 9.1 (f) of the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, Revised September 2023” (IPAC Standard), when appropriate disposal of PPE for additional precautions was not followed.

Rationale and Summary

(i) Observation on one unit indicated that multiple resident rooms were on additional precautions. The nearest waste receptacle was not readily available at the resident room and consisted only of a frame with no bag in place.

(ii) Observation on another unit indicated that multiple resident rooms on additional precautions were serviced by a set of shared waste receptacles. Only one room was observed to have an additional dedicated waste receptacle labelled for Personal Protective Equipment (PPE) disposal located immediately outside the room.

A staff member was observed to exit a resident room on additional precautions

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wearing PPE after providing care. The staff member walked down the hallway past a set of other resident rooms prior to removing and disposing of the PPE at the shared set of waste receptacles.

The staff member acknowledged that appropriate disposal of PPE for additional precautions was not performed when they did not dispose of PPE upon exiting the resident's room.

(iii) Observations on another day indicated that a resident room was on additional precautions. Waste receptacle frames were observed immediately outside the room but no bags were in place. A staff member was observed to be unable to immediately and appropriately dispose of their PPE after providing care in the resident's room.

Later on the same shift, it was observed that the waste receptacle was moved away from the resident's room. A staff member was again observed to be unable to immediately and appropriately dispose of their PPE upon exiting the resident's room.

The home's policy indicated that staff were expected to discard all PPE in the appropriate receptacle before leaving the resident's room or care area.

Staff acknowledged that appropriate disposal of PPE for additional precautions was not performed when they were not able to immediately dispose of PPE upon exiting the resident's room. Staff acknowledged that receptacles should have been in place outside each resident room on additional precautions.

Failure to appropriately dispose of PPE for residents on additional precautions increased the risk of disease transmission amongst residents and staff.

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Sources: Observations on two units, Interviews with direct care staff, registered staff, and management, home's policy on PPE.

(B) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, the licensee failed to implement Additional Requirement 9.1 (f) of the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, Revised September 2023” (IPAC Standard), when appropriate selection of PPE for additional precautions was not followed.

Rationale and Summary

Observation of a resident room indicated that additional precautions were in place. Signage indicated that a specific type of PPE was required.

A staff member provided care in the resident's room without the required PPE.

Staff acknowledged that the appropriate PPE was not selected when the staff member provided care to a resident on additional precautions without the required PPE.

Failure to select the appropriate PPE for additional precautions increased the risk of disease transmission amongst residents and staff.

Sources: Observations, and Interviews with direct care staff, registered staff, and management.

(C) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

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Specifically, the licensee failed to implement Additional Requirement 6.1 of the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, Revised September 2023” (IPAC Standard), when PPE was not made available and accessible to staff appropriate to their level of risk related to additional precautions.

Rationale and Summary

Observation of a resident room indicated that additional precautions were in place. Signage indicated that a specific type of PPE was required, however the supply caddy outside the room was not stocked with the indicated PPE. A staff member then provided care without the required PPE.

Staff acknowledged that the required PPE was not available or accessible to staff when it was not stocked in the supply caddy.

Failure to make PPE available and accessible to staff for additional precautions may have increased the risk of disease transmission amongst residents and staff.

Sources: Observations, and Interviews with registered staff and management.

(A1)

The following non-compliance(s) has been newly issued: NC #003

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

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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 any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Specifically, the licensee failed to implement Additional Requirement 11.6 of the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, Revised September 2023” (IPAC Standard), when signage was not posted throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease was suspected or confirmed in any individual.

Rationale and Summary

Management indicated in interview that signage that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease was suspected or confirmed in any individual was only posted at the home's entrance and not throughout the home. An observation on multiple floors verified that signage was not posted throughout the home.

The same day, the required signage was posted on each floor and in the main elevator.

Sources: Observations, Interview with management.

Date Remedy Implemented: October 16, 2024