

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

Public Report

Report Issue Date: January 20, 2025

Inspection Number: 2025-1096-0001

Inspection Type:

Critical Incident

Licensee: Heritage Nursing Homes Inc.

Long Term Care Home and City: The Heritage Nursing Home, Toronto

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: January 16, 17, 20, 2025.

The following intakes were inspected:

- Intake: #00136617 - Critical Incident System (CIS) #2582-000001-25 - related to a disease outbreak
- Intake: #00137067 - CIS #2582-000003-25 - related to a disease outbreak

The following intake was completed:

- Intake: #00135707 - CIS #2582-000026-24 - related to a disease outbreak

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

Infection Prevention and Control

INSPECTION RESULTS

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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: 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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes issued by the Director was complied with.

In accordance with Additional Requirement 9.1 (e) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to post the correct point-of-care signage indicating the correct IPAC control measures that need to be in place to interact with residents inside their room.

On January 17, 2025, a Registered Nurse (RN) posted the correct signage outside the resident's room.

Sources: Observation on the second floor unit on January 17, 2025; Interview with a RN and the IPAC Lead.

Date Remedy Implemented: January 17, 2025

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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 (9) (b)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee failed to ensure that a resident's symptoms were recorded on a specified shift. A review of the documentation indicated that a resident's assessments and/or symptoms were not documented on the progress notes or assessments section on PointClickCare (PCC) for a specific shift, while the resident was actively exhibiting symptoms and on isolation precautions for respiratory infection.

Sources: Review of a resident's assessments and progress notes from PCC; Interview with the IPAC Lead.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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).

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**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The license shall:

1. Conduct three random and unannounced audits within a week for a period of two weeks on the fourth floor unit, to ensure that staff offer or assist residents with hand hygiene prior to their meal. The audits should include at least one audit each of breakfast, lunch and dinner.
2. Conduct two random and unannounced audits on Personal Support Worker (PSW) #104 while they provide care to residents on additional precautions to ensure that the PSW adheres to appropriate donning and doffing PPE measures.
3. The audits mentioned in steps 1 and 2 shall be conducted following the date of service of this order.
4. Maintain a documented record of the audit conducted for steps 1 and 2, including the date of the audits and person(s) who were involved in the process of conducting the audits. The audit must identify any gap(s) which the practices did not align with the appropriate IPAC requirements and the actions taken to address these gap(s).

Grounds

The licensee has failed to ensure that the IPAC Standard for Long-Term Care Homes issued by the Director was complied with.

- i). In accordance with Additional Requirement 9.1 (d) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that a Personal Support Worker (PSW) utilized Personal Protective Equipment (PPE) appropriately.

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A PSW was seen exiting resident room, which was on additional precautions with their gown on and walking two resident rooms away in the hallway to grab a chair for the resident. The PSW was then observed going back inside the resident's room with the same gown and did not perform any donning or doffing procedures. The PSW acknowledged they should have doffed their PPE when they went into the hallway to grab a chair for the resident.

Failure to ensure that proper PPE practices were adhered to may result in further spread of infectious diseases.

Sources: Observation on a PSW in the first floor unit; Interview with a PSW and the IPAC Lead.

ii). In accordance with Additional Requirement 10.4 (h) under the IPAC Standard for Long-Term Care Homes (April 2022, revised September 2023), the licensee has failed to ensure that residents on the fourth floor unit were provided hand hygiene by the staff and a PSW.

While awaiting to serve lunch to the residents on the fourth floor unit, a PSW stated they did not provide hand hygiene to the residents on the unit. The PSW had asked their colleagues whether they were required to provide residents with hand hygiene prior to their meals, to which they stated that it was not required. The IPAC Lead stated that this was incorrect and that the staff were previously told that residents should be provided an opportunity to conduct hand hygiene prior to their meals.

Failure to provide hand hygiene to residents prior to their meals may result in further spread of infectious diseases.

Sources: Interview with a PSW and the IPAC Lead.

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This order must be complied with by March 4, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch

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Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
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
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.