

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: March 18, 2025

Original Report Issue Date: March 18, 2025

Inspection Number: 2025-1160-0002 (A1)

Inspection Type:

Critical Incident

Licensee: Revera Long Term Care Inc.

Long Term Care Home and City: Kennedy Lodge, Scarborough

AMENDED INSPECTION SUMMARY

This report has been amended to:

Compliance Order (CO) #001 was amended to clarify requirements for step 2 of the CO.

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INSPECTION SUMMARY

The inspection occurred onsite on the following dates: March 13, 14, 17, 2025.

The following intakes were inspected:

- Intake: #00138397 - Critical Incident System (CIS) #2654-000001-25 - related to a medication incident;
- Intake: #00141441 - CIS #2654-000004-25 - related to a disease outbreak.

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

Medication Management
Infection Prevention and Control

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AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Housekeeping

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to ensure that the cleaning and disinfection of contact surfaces in a shared resident room were in accordance with evidence-based practices.

According to the Provincial Infectious Diseases Advisory Committee (PIDAC), for environmental cleaning, a fresh cloth should be used for cleaning each resident bed space when there is more than one resident in a room.

A housekeeper used one microfiber cloth to clean high touch contact surfaces in both resident bed spaces in a shared room. The IPAC Manager acknowledged that the best practice is for one cloth to be used per resident bed space.

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Sources: Observations; Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition April 2018, PIDAC; Interviews with the home's staff

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 has failed to ensure that a resident's symptoms were recorded on each shift when they were diagnosed with a respiratory infection. The resident's assessments and/or symptoms were not documented on the day shift of March 1, 2025, while the resident was actively exhibiting symptoms and on isolation precautions.

Sources: Review of resident assessments and progress notes; Interview with IPAC Manager.

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WRITTEN NOTIFICATION: Medication management system

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 123 (2)

Medication management system

s. 123 (2) The licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The licensee has failed to comply with the home's medication management program when a registered nurse (RN) failed to check two resident identifiers prior to administering medications to a resident.

In accordance with O. Reg 246/22, s. 11 (1) (b), the licensee is required to ensure that written policies developed for the medication management program were complied with.

Specifically, the home's medication administration policy indicated that the nurse shall check for two resident identifiers prior to administering medications to a resident.

Sources: Home's policy titled: "LTC- Medication Administration", dated: March, 2024; Home's investigation notes; Interview with the home's staff.

WRITTEN NOTIFICATION: Administration of drugs

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NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that a resident was not administered medications that were not prescribed for them. A RN accidentally administered a resident medication that was prescribed for another resident. The resident who was administered the incorrect medication had to be hospitalized as a result of the incident.

Sources: Home's investigation notes; Interviews with the home's staff; Home's medication incident report related to this incident.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

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The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (7) 11. [FLTCA, 2021, s. 155 (1) (b)]:

The Licensee shall prepare, submit, and implement a plan to ensure that the specified staff on the Continuing Complex Care Unit (CCU) adhere to Hand Hygiene (HH) best practices.

The plan shall include but is not limited to:

1. Develop a process to audit and monitor the HH practices of a specified RN and Personal Support Worker (PSW). The process should identify the individual that will oversee the audits and monitoring of the staff, and the frequency of these audits and monitoring.
2. Develop a process to audit and monitor resident HH practices before mealtimes to ensure that staff are providing support in a manner that meets HH best practices. The process should identify the individual that will oversee the audits and monitoring of the staff, and the frequency of these audits and monitoring.
3. Actions that would be taken by the home when noncompliance is observed with staff performing Hand Hygiene and/or supporting residents with HH.
4. Identify any potential education gaps with the HH Practices on CCU and measures undertaken to address these gaps in their knowledge.

Please submit the written plan for achieving compliance for inspection #2025-1160-0002 by email by March 31, 2025.

Please ensure that the submitted written plan does not contain any Personal Information (PI)/Personal Health Information (PHI).

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Grounds

The licensee has failed to ensure the hand hygiene program was implemented in accordance with the Infection Prevention and Control (IPAC) Standard issued by the Director.

The IPAC standard states "the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). It also states that, "at minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact)".

During a meal service, all residents were provided with hand wipes that did not contain alcohol to carry out their HH. In addition, a RN used the same alcohol-free hand wipes to perform HH, did not dispose of them immediately after use, and did not use an alcohol-based hand rub, while assisting multiple residents in the dining room. Furthermore, a PSW entered a resident room without performing HH.

The PSW acknowledged that they forgot to complete HH when entering the resident room and the RN acknowledged the risk for spread of infection when HH is not completed with the appropriate product.

The IPAC Manager explained that staff are expected to follow the four moments of HH and that they are expected to use the alcohol-based hand rub provided in the home for resident and their own HH.

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Failure to ensure resident and staff HH were completed appropriately with hand hygiene agents including 70-90% alcohol, created risk for spread of infection.

Sources: Observations, Hand Hygiene Policy IPC2 - O10.04, Medline Manual for Certainty Wipes; interviews with the home's staff

This order must be complied with by April 29, 2025

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

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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:

Health Services Appeal and Review Board

Attention Registrar

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Director

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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.