

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: December 23, 2024
Original Report Issue Date: December 16, 2024
Inspection Number: 2024-1322-0005 (A1)
Inspection Type: Proactive Compliance Inspection
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP
Long Term Care Home and City: Deerwood Creek Community, Etobicoke

AMENDED INSPECTION SUMMARY

This report has been amended to:
This inspection report was amended to rescind NC #006 related to Safe storage of drugs.

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INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 26 - 29, 2024 and December 2 - 6, 9, 10, 2024

The following intake(s) were inspected:

- Intake: #00132647 - Proactive Compliance Inspection

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

Resident Care and Support Services
Skin and Wound Prevention and Management

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Residents' and Family Councils
Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

AMENDED INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to Respond

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to respond to the Family Council in writing, within ten days of receiving the advice, when the Family Council had advised the licensee of concerns or recommendations about operation of the home.

Rationale and Summary:

Upon review of the Family Council meeting minutes, concerns were raised about

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personal clothing going missing frequently and recommended a lost and found on a monthly basis. Those concerns were documented in a 'Family Council Concern & Recommendation Form'; although no response was noted in this form under 'Action Taken'.

The Executive Director (ED) acknowledged that the Family Council was not responded to regarding the concern raised in the meeting, in writing.

Failure to respond to the Family Council concerns or recommendation in writing, increased the risk of issue not being addressed.

Sources: Family Council meeting minutes; and interview with ED.

WRITTEN NOTIFICATION: Bathing

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

Bathing

s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week.

Rationale and Summary:

A resident's method of choice for bathing was shower, that were scheduled twice a

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week. The resident's clinical records revealed that their shower was not done on a schedule date.

A Personal Support Worker (PSW), a Registered Practical Nurse (RPN), a Registered Nurse (RN) and the Director of Care (DOC) acknowledged that the resident did not receive their scheduled shower.

Failure to provide bathing twice a week increased the risk of hygiene issues for a resident.

Sources: Review of Documentation Survey Report - Bathing, progress notes, and care plan; interview with PSW, RPN, RN and the DOC.

WRITTEN NOTIFICATION: Dining and snack service

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

Non-compliance with: O. Reg. 246/22, s. 79 (1) 9.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

9. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.

The licensee has failed to ensure that a PSW used proper techniques when assisting a resident with feeding.

Rationale and Summary:

A PSW was observed in a standing position while assisting a resident with their

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meal. According to a resident's plan of care they required extensive assistance from one staff for eating. The PSW acknowledged that they should feed the resident sitting down, at eye level.

The Registered Dietitian (RD) confirmed that staff should be seated when they assist residents for meals to minimize the risk of choking.

Failure to use proper feeding techniques when assisting a resident during meals increased their risk of choking.

Sources: Observation, a resident's clinical records, interviews with a PSW and the RD.

WRITTEN NOTIFICATION: Housekeeping

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

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

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:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee failed to ensure that procedures were implemented for the cleaning and disinfection of resident care equipment, specifically the vital signs equipment.

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Rationale and Summary:

A RN was taking a resident's vital signs with the vital signs equipment. After completing the interventions the Inspector observed that the RN did not clean and disinfect the vital signs equipment after using it.

The RN confirmed they forgot to clean the vital signs equipment after use. The Infection Prevention and Control (IPAC) Lead confirmed that all resident care equipment, including the vital signs equipment, should be cleaned after each use.

Failing to clean vital signs equipment in between resident use increased the risk of transmission of infections between residents.

Sources: Observations, and interviews with RN, and the IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #005 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).

The licensee failed to ensure that Additional Precautions are followed in the IPAC program related to cleaning of Personal Protective Equipment (PPE).

Specifically, the licensee failed to ensure PPE was cleaned or disposed of in

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accordance with the "Infection Prevention and Control Standard for Long-Term Care Homes, April 2022" (IPAC Standard) as required by Additional Requirement 9.1.

Rationale and summary:

Observations were made on a resident home area (RHA) which was experiencing a communicable disease outbreak. A PSW was seen assisting a resident who was on additional precautions. After assisting the resident the PSW exited the room without performing a required infection prevention step. The PSW and IPAC lead acknowledged they did not disinfect the eye protection as required after exiting the resident room.

Failure to perform the infection prevention step placed residents and staff at potential risk for transmitting and contracting infectious diseases.

Sources: Observation, interview with the IPAC Lead and PSW.

[RESCINDED] WRITTEN NOTIFICATION: Safe storage of drugs

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22s. 138 (1) (a) (ii)

Safe storage of drugs

s. 138 (1) Every licensee of a long-term care home shall ensure that,

(a) drugs are stored in an area or a medication cart,

(ii) that is secure and locked,

**WRITTEN NOTIFICATION: Continuous Quality Improvement
Committee**

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NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 3.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

3. The home's Medical Director.

The licensee has failed to ensure that the home's continuous quality improvement (CQI) committee was composed of at least the home's Medical Director.

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10; and policy, titled 'Quality Management Program, XXIII-A-10.00', did not identify that the Medical Director of the home, was part of the CQI committee.

The ED acknowledged that that the Medical Director was not part of the CQI committee.

Failure to have a Medical Director as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

Sources: Review of CQI minutes, titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.

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WRITTEN NOTIFICATION: Continuous Quality Improvement committee

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 5.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

5. The home's registered dietitian.

The licensee has failed to ensure that the home's CQI committee was composed of at least the home's Registered Dietitian (RD).

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10'; and policy titled 'Quality Management Program, XXIII-A-10.00', did not identify that the RD of the home, was part of the CQI committee.

The ED acknowledged that that the RD was not part of the CQI committee.

Failure to have home's RD as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

Sources: Review of CQI minutes, titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.

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WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #009 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 7.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

7. At least one employee of the licensee who is a member of the regular nursing staff of the home.

The licensee has failed to ensure that the home's CQI committee was composed of at least one employee of the licensee, who is a member of the regular nursing staff of the home.

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10; and policy titled 'Quality Management Program, XXIII-A-10.00', did not identify that the a regular nursing staff of the home, was part of the CQI committee.

The ED acknowledged that that the a regular nursing staff of the home was not part of the CQI committee.

Failure to have the home's regular nursing staff as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

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Sources: Review of CQI minutes, terms of reference titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #010 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 8.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.

The licensee has failed to ensure that the home's CQI committee was composed of at least one employee who had been hired as a PSW or provided personal support services at the home and met the qualification of PSWs.

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10'; and policy titled 'Quality Management Program, XXIII-A-10.00', did not identify that the PSW of the home, was part of the CQI committee.

The ED acknowledged that that the PSW was not part of the CQI committee.

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Failure to have the home's PSW as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

Sources: Review of CQI minutes, terms of reference titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #011 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 9.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

9. One member of the home's Residents' Council.

The licensee has failed to ensure that the home's CQI committee was composed of at least one member of Residents' Council of the home.

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10; and policy titled 'Quality Management Program, XXIII-A-10.00, did not identify that the a Residents' Council member, was part of the CQI committee.

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The ED acknowledged that that the a Residents' Council member was not part of the CQI committee.

Failure to have a member of the Residents' Council of the home as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

Sources: Review of CQI minutes, terms of reference titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.

WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

NC #012 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 166 (2) 10.

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the home's CQI committee was composed of at least one member of the Family Council of the home.

Rationale and Summary:

Review of CQI minutes titled 'Leadership & Quality Committee – Terms of

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Reference, XXIII-B-10.10; and policy titled 'Quality Management Program, XXIII-A-10.00', did not identify that the a Family Council member, was part of the CQI committee.

The ED acknowledged that that the a Family Council member was not part of the CQI committee.

Failure to have a member of the Family Council of the home as a member in CQI committee, could have risked potential relevant interdisciplinary feedback not being included to assist the home in their CQI initiatives.

Sources: Review of CQI minutes, terms of reference titled 'Leadership & Quality Committee – Terms of Reference, XXIII-B-10.10', Policy StatID# 15208561, last revised on February 2024; and policy titled 'Quality Management Program, XXIII-A-10.00', with Policy StatID# 15233082, last revised: October 2024 and interview with the ED.