Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 4, 2022	2022_938758_0002	001814-20, 015876-21, 020519-21	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

Long-Term Care Home/Foyer de soins de longue durée

St. George Care Community
225 St. George Street Toronto ON M5R 2M2

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

NOREEN FREDERICK (704758)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 24, 25, 26, 27, and 28, 2022.

The following Compliance Order (CO) follow-up intake was completed during this CIS inspection:

Log #015876-21 related to the residents' bed systems being maintained in a safe condition and in a good state of repair.

The following Critical Incident System (CIS) intakes were also completed during this CIS inspection:

Log #001814-20, CIS #2594-000001-20, related to prohibited devices that limit movement, and

Log #020519-21, CIS #2594-000027-21, related to a reported COVID-19 outbreak.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Infection Prevention and Control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Maintenance Aide, Housekeepers, and residents.

During the course of the inspection, the inspector conducted a tour of the home, made observations related to the home's processes, and staff to resident interactions, conducted review of residents' clinical records, staffing schedules, relevant policies and procedures, and observed IPAC practices.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Infection Prevention and Control
Minimizing of Restraining

During the course of this inspection, Non-Compliances were issued.

- **3 WN(s)**
- **3 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 15. (2)	CO #001	2021_769646_0013	704758

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence
s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The Licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2021_769646_0013 served on September 16, 2021, with a compliance due date of January 17, 2022.

The home was required to develop an auditing process of all residents' beds in the home, including beds in storage. The home did not complete the required audits of beds in storage to determine if the beds were in working order in accordance with manufacturer's instructions.

Maintenance Aide #105 stated that they did not complete any audits of the beds in storage for the months of October, November, and December 2021. As a result of not completing the audits, there was a risk for residents to be provided a bed which was not safely maintained.

The Executive Director (ED) acknowledged that the beds in storage should have been audited at the same time when the other beds were audited.

Sources: home’s bed audits, interview with Maintenance Aide #105, and ED. [s. 101. (3)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the licensee shall comply with every order made under the LTCHA, 2007, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 112. Prohibited devices that limit movement
For the purposes of section 35 of the Act, every licensee of a long-term care home shall ensure that the following devices are not used in the home:
1. Roller bars on wheelchairs and commodes or toilets.
2. Vest or jacket restraints.
3. Any device with locks that can only be released by a separate device, such as a key or magnet.
4. Four point extremity restraints.
5. Any device used to restrain a resident to a commode or toilet.
6. Any device that cannot be immediately released by staff.
7. Sheets, wraps, tensors or other types of strips or bandages used other than for a therapeutic purpose. O. Reg. 79/10, s. 112.

Findings/Faits saillants :

1. The Licensee has failed to ensure that the prohibited device of a lock on resident #001's assistive device that limited movement was used.

Resident #001’s progress notes indicated that they were found with a lock applied to their assistive device.

Registered Nurse (RN) #119 stated that a key was required to open the lock and the resident was incapable of applying this lock to their assistive device. They also verified that the lock limited the resident's movement. As a result of using a prohibited device to limit the movement, resident #001 was at risk of fall or injury.

The ED acknowledged that a lock was used for resident #001 which required a separate key to open.

Sources: resident #001’s clinical records, home’s investigation notes, interview with RN #119, ED, and other staff. [s. 112.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the following devices are not used in the home: Any device with locks that can only be released by a separate device, such as a key or magnet, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program related to residents' hand hygiene.

Inspector #704758 conducted lunch observations on two resident home areas which revealed that Personal Support Workers (PSW) #111, #112, #113, #115, #117, and #118 did not offer or provide assistance to residents with hand hygiene prior to lunch. IPAC Lead #104 stated that staff were expected to offer or provide assistance to residents with hand hygiene prior to lunch.

By not following the home's hand hygiene policy, staff placed residents at risk of infection transmission.

Sources: inspector's observations, home's Hand Hygiene policy (#IX-G-10.10, last revised December 2021), interview with IPAC Lead #104 and other staff. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participate in the implementation of the Infection Prevention and Control (IPAC) program, to be implemented voluntarily.

Issued on this 7th day of February, 2022

Signature of Inspector(s)/Signature de l’inspecteur ou des inspecteurs

Original report signed by the inspector.