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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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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
Sep 27, 2021	2021_754764_0017	003567-20, 014705-20, 025550-20, 004757-21, 011886-21	Critical Incident System

Licensee/Titulaire de permis

Cedarvale Terrace LTC Inc. as general partner of Cedarvale Terrace LTC Limited Partnership
c/o All Seniors Care Living Centres 175 Bloor Street East, Suite 601 Toronto ON M4W 3R8

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

Cedarvale Terrace
429 Walmer Road Toronto ON M5P 2X9

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

NAZILA AFGHANI (764)

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): August 27, 30, 31, September 1, 2, 7, 8, 9, 13, 14, and 15, 2021.

The following intakes were completed during this Critical Incident System (CIS) inspection:
- Log #011886-21 and Log #014705-20, related to fall with injury,
- Log #004757-21, related to failure of a major system,
- Log #025550-20 and Log #003567-20, related resident to resident abuse.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Dietitian (RD), Infection Prevention and Control (IPAC) Manager, Environmental Manager (EM), Accreditation Coordinator, Housekeepers, Unit Managers (UM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Residents and Family Members.

During the course of this inspection, the inspector conducted a tour of the long-term care home, conducted observations, including the home's processes, staff-resident interactions and resident care provision; and reviewed residents' and home's records, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to residents #001 and #004, as specified in the plan.

Review of each residents' plan of care indicated both were at risk for falls and specified products were to be used to minimize injuries from falls. Staff were to document if the residents refused to use the specified products.

Review of resident #001’s clinical records showed on identified date, the specified products were sent to the laundry. A note by physiotherapist, five days later indicated to consider the use of the specified products when available. Review of unit communication book also, showed the specified products were not in use, three days after the identified date.

Review of resident #004's records and the unit communication book showed 15 instances within a month, when specified products were unavailable. The records further showed the resident's specified products were sent to laundry, four times within a month.

Interview with Associate Nurse Manager and fall prevention program coordinator, stated if the specified products were sent to the laundry, the unit supervisor should follow up or send a request for new specified products. They added, based on the documentation, the care plan was not followed and home needed to work on a plan to track the specified products, when sent to the laundry, to ensure resident safety.

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 care set out in the plan of care is provided to the residents as specified in the plan, to be implemented voluntarily.

WN #2: 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 staff participated in the implementation of the infection prevention and control program when residents' hands were not cleaned before meals and isolation precaution signage was not posted.

a. Review of Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009, and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, indicated to clean the residents' hands before meals.

Inspector's observations on three instances, showed that soap and water, or alcohol-based hand rub were not used to clean the residents' hands before meals on different floors. PSW #108 indicated that they were aware that residents should be assisted with hand hygiene before meals as an IPAC practice but they failed to do it. Resident #007, stated they were not being offered to clean their hands before meals.

b. Inspector's observation, revealed there was no signage on the door of resident's room, who was on droplet and contact precautions after returning from the hospital. RN #102 stated one of the wandering residents took the signage off, and agreed that there was a risk for people to enter the room without appropriate precautions.

The Director of care (DOC) and Executive Director (ED) were made aware of the observations, and noted home needed to increase the monitoring of IPAC practices.

Sources: Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009 and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, observations and interviews with resident, RN #102, PSW #108, DOC and ED.

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 28th day of September, 2021

[redacted]

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

Original report signed by the inspector.