Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: October 24, 2024	
Inspection Number: 2024-1498-0004	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: Royal Canadian Legion District 'D' Care Centres	
Long Term Care Home and City: Tony Stacey Centre for Veterans' Care, Toronto	
Lead Inspector	**Inspector Digital Signature**
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 7 - 11, and 15 - 18, 2024.

The following intake(s) were inspected:
- Intakes related to complaints regarding multiple resident care areas.
- Intake related to a complaint regarding alleged neglect.
- Intake related to a resident fall with injury.
- Intakes related to missing resident incidences.
- First Follow-up – Compliance Order (CO) #001 from inspection #2024-1498-0001, related to FLTCA, 2021 - s. 6 (4) (b), plan of care, with compliance due date (CDD) of June 30, 2024.

- First Follow-up – CO #002 from inspection #2024-1498-0001, related to FLTCA, 2021 - s. 19 (1) (c), accommodation services, with CDD of September 30, 2024.
- First Follow-up – CO #003 from inspection #2024-1498-0001, related to O. Reg. 246/22 - s. 77 (6), menu planning, with CDD of July 2, 2024.
- First Follow-up – CO #004 from inspection #2024-1498-0001, related to O. Reg. 246/22 - s. 93 (2) (a), housekeeping, with CDD of September 30, 2024.
- First Follow-up – CO #005 from inspection #2024-1498-0001, related to O. Reg. 246/22 - s. 96 (1) (b), maintenance services, with CDD of September 30, 2024.
- First Follow-up – CO #006 from inspection #2024-1498-0001, related to O. Reg. 246/22 - s. 102 (2) (b), infection prevention and control, with CDD of July 2, 2024.
- First Follow-up – CO #001 from inspection #2024-1498-0003, related to O. Reg. 246/22 s. 356 (3) 1, renovation of homes, with CDD of September 25, 2024.
- First Follow-up – CO #002 from inspection #2024-1498-0003, related to O. Reg 246/22 s. 24 (2), air temperatures, with CDD of September 16, 2024.
- First Follow-up – CO #003 from inspection #2024-1498-0003, related to O. Reg 246/22 s. 24 (3) air temperatures, with CDD of September 16, 2024.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #005 from Inspection #2024-1498-0001 related to O. Reg. 246/22, s. 96 (1) (b) inspected by the inspector
Order #003 from Inspection #2024-1498-0001 related to O. Reg. 246/22, s. 77 (6) inspected by the inspector

Order #001 from Inspection #2024-1498-0001 related to FLTCA, 2021, s. 6 (4) (b) inspected by the inspector
Order #004 from Inspection #2024-1498-0001 related to O. Reg. 246/22, s. 93 (2) (a) inspected by the inspector
Order #006 from Inspection #2024-1498-0001 related to O. Reg. 246/22, s. 102 (2) (b) inspected by the inspector
Order #002 from Inspection #2024-1498-0003 related to O. Reg. 246/22, s. 24 (2) inspected by the inspector
Order #003 from Inspection #2024-1498-0003 related to O. Reg. 246/22, s. 24 (3) inspected by the inspector
Order #001 from Inspection #2024-1498-0003 related to O. Reg. 246/22, s. 356 (3) 1. inspected by the inspector

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #002 from Inspection #2024-1498-0001 related to FLTCA, 2021, s. 19 (1) (c) inspected by the inspector

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

Resident Care and Support Services
Continence Care
Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration
Infection Prevention and Control
Safe and Secure Home
Staffing, Training and Care Standards
Recreational and Social Activities
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
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.

The licensee has failed to ensure that the care set out in the plan of care is provided to a resident as specified in the plan.

Rationale and Summary
A Critical Incident Report (CIR) was submitted to the Director regarding a resident fall with injury.
The resident's clinical records indicated the resident was to have a clip alarm as a fall prevention measure. Upon observation of the resident, the resident was noted with no clip alarm attached.

A Personal Support Worker (PSW) confirmed that the clip alarm is not attached to the resident.

A Registered Practical Nurse (RPN) and Director of Care (DOC) confirmed the clip alarm should have been on the resident as per their plan of care.

Failing to ensure the clip alarm was attached to the resident, as directed in the plan of care, put the resident at risk for a fall.

Sources: Observations, the resident's clinical records, interviews with staff.

WRITTEN NOTIFICATION: Conditions of Licence

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with condition five of compliance order (CO) #002 from inspection #2024-1498-0001, with a compliance due date (CDD) of September 30, 2024.

Rationale and Summary
The Long-Term Care Home (LTCH) was ordered to ensure that all repairs to flooring, walls, tiles in showers, drywalls, concrete, and surfaces required painting were completed.

Throughout the duration of the inspection, multiple areas of the home that had been noted in inspection #2024-1498-0001 that needed repair, were in the same condition.
- Areas of plaster/drywall exposed/ concrete crumbling. Many of these exposed areas were in the shower rooms
- Multiple areas of drywall in hallways demonstrated repair but required painting.
- Shower room on first floor south wing had wires sticking out from one of the tiles covered in a plastic bag
- Ceiling tile noted on the first floor east wing with two large holes
- Paint chipped and scratched on numerous doors, door frames and walls.

- Section of handrail missing on second floor east corridor.
- Many tiles in resident showers were cracked and grout lines were dirty.
- Window in resident room 111 was broken
- Multiple areas of cracks in hallway flooring
- Transition area to bathroom in resident room 125 had torn, lifted flooring

The Administrator stated the contractor that was working with the home had come to the home and provided quotes for all the required repairs, and completed a few large projects such as the flooring in the Solarium and retiling of the first floor east shower room. The Administrator confirmed the contractor had not come to the home often enough to complete the required work by the compliance due date for the order.

Failing to comply with condition 5 of CO #002 contributes to a poorly maintained home in disrepair and unsafe environment for residents.

Sources: Observations, CO #002 from inspection #2024-1498-0001, Interview with Administrator.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days

from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #003 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 has failed to ensure that the Infection Prevention and Control (IPAC)

Standard for Long-Term Care Homes, revised September 2023, was implemented.

Specifically, Additional Requirement 9.1 (b) and (d) under the standard.
At minimum Routine Practices shall include:
9.1 (b) Hand hygiene, including, but not limited to, at 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); and
9.1 (d) Proper use of PPE, including appropriate selection, application, removal, and disposal.

Rational and Summary
A complaint was received by the Director related to a resident's continence care.

A PSW entered the resident's room to assist the resident in changing their brief. The resident was on routine precautions. The PSW was observed exiting the room, wearing gloves, walking down the hallway into a utility cart and bringing clean sheets. When the PSW was reminded about the gloves, the PSW confirmed that they should have removed the gloves before leaving the resident's room. It was observed that the PSW removed the gloves and entered the resident's room without performing hand hygiene.

DOC confirmed that the PSW should have removed their gloves before leaving the resident's room and performed hand hygiene after removing the gloves.

Failure to change gloves between tasks during care for the resident and failure to follow the four moments of hand hygiene put residents and staff at risk for infection.

Sources: Observation and interview with the PSW and DOC.

COMPLIANCE ORDER CO #001 HAZARDOUS SUBSTANCES

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 97
Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

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

1. Provide education to all PSWs, Registered staff, and housekeepers who work on the second floor related to hazardous substances in the home and where they should be stored. Keep a documented record of who provided the education, the date of the education provided, the names of the staff who were provided education and the contents of the education.
2. The DOC or designate will conduct a daily audit in resident #002's room for four weeks to ensure that hazardous substances have not been stored outside of the required area to keep them secured and locked. The audit will include who completed the audit, the date and time the audit was completed, and corrective actions if hazardous substances were found in the room. On the weekend the audits will be completed by the management team or Charge Nurse working in the home.
3. All audits and education records will be retained and made available to Inspectors, immediately upon request.

Grounds
The licensee has failed to ensure that hazardous substances were kept inaccessible to residents at all times.

Rational and Summary
A complaint was received by the Director related to resident's continence care.

The resident resides in a semi-private room with another resident.

During observations in the resident's room, a container of hazardous substance was in the resident's room near food and beverages. The label on the container indicated danger – corrosive.

A Registered Practical Nurse (RPN) confirmed the presence of the hazardous substance in the resident's room. The RPN confirmed that the hazardous substance should not be there.

The Director of Care (DOC) indicated that the hazardous substance should not be in an accessible place. The hazardous substance should be stored in a locked and secured place.

Failure to ensure that hazardous substances were stored in areas inaccessible to residents, residents were placed at risk of possible ingestion and/or exposure to the hazardous substances.

Sources: Observations, interviews with staff.

This order must be complied with by December 16, 2024

COMPLIANCE ORDER CO #002 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 (15) 2.
Infection prevention and control program
s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:
2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
From the day of receiving this order, the Director of Care will keep a documented record indicating the hours the designated IPAC lead person worked weekly in that position on-site until this order is complied with by the Ministry of Long-Term Care.

Grounds
The licensee has failed to ensure that the designated IPAC lead worked in that position at least 26.25 hours per week.

Rationale and Summary
Tony Stacey Centre for Veterans' Care had a licensed capacity of 100 beds and required an IPAC lead, designated to the position, to work onsite in the home for 26.25 hours a week.

An outbreak of acute respiratory illness was declared on October 15, 2024, on the first floor of the home.

The former IPAC lead's last day of employment was October 4, 2024.

From October 5, 2024, until the last day of inspection, Oct 18, 2024, the DOC was covering as a temporary IPAC lead.

The DOC admitted that they were not working 26.25 hours per week as an IPAC lead.

The DOC confirmed that the home is still in the process of interviewing candidates.

Failure to ensure that an IPAC lead worked the minimum number of hours in that position had the potential for IPAC responsibilities or activities to not be completed.

Sources: Review of former IPAC lead's resignation, IPAC lead job posting, CIR #3001-000042-24, and interview with DOC.

This order must be complied with by November 25, 2024

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

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
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.