

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Sep 8, 2021	2021_780699_0016	005767-21	Complaint

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**Licensee/Titulaire de permis**

Mon Sheong Foundation  
36 D'Arcy Street Toronto ON M5T 1J7

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

Mon Sheong Home for the Aged  
36 D'Arcy Street Toronto ON M5T 1J7

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

PRAVEENA SITTAMPALAM (699)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 1-3, 2021.**

**The following complaint intake was inspected:**

**-Log 005767-21 related to alleged neglect of a resident.**

**During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Infection Prevention and Control (IPAC) lead, Support Services Supervisor (SSS), Registered Nurse (RN), Personal Support Workers (PSW), and Housekeeping Aides (HA).**

**During the course of the inspection, the inspector conducted observations of the home, including resident home areas, staff to resident interactions, and relevant resident health records, home policies and procedures.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: 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 failed to ensure that all staff participated in the implementation of the infection prevention and control program.

The inspector conducted a tour of the home and observed the following:

- observed staff in a resident room, gown and gloves on, no eye protection, less than six feet away from a resident. The staff member removed their gloves, completed hand hygiene for less than 10 seconds, removed gown. Hand hygiene completed again for less than 10 seconds;
- observed housekeeping staff exit a resident room. They changed their gloves, however did not complete hand hygiene after removing the gloves and entering the next resident room;
- observed two staff exit a resident room, removed their personal protective equipment (PPE) in the correct order, completed hand hygiene for less than 15 seconds; and
- observed staff put on gloves, then gown, and entered a droplet/contact precaution room, no hand hygiene was completed.

The IPAC lead indicated that the expectation of the staff is to apply the following PPE when entering a droplet and contact precaution room in the following sequence: hand hygiene, gown, gloves, mask and eye protection if not already being worn. The expectation for hand hygiene is a minimum of 15 seconds, before and after resident interactions. They acknowledged the above expectations were not met.

Sources: Observations and interviews with 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 IPAC program, to be implemented voluntarily.***

**Issued on this 8th day of September, 2021**

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

**Original report signed by the inspector.**