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

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Public Report

Report Issue Date: February 22, 2024	
Inspection Number: 2024-1052-0002	
Inspection Type: Critical Incident	
Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.	
Long Term Care Home and City: Rockcliffe Community, Scarborough	
Lead Inspector Yannis Wong (000707)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 7-8, 12-13, 2024
The inspection occurred offsite on the following date(s): February 9, 2024

The following intake(s) were inspected:

- Intake: #00098509 - [CI #2131-000031-23] - related to the unexpected death of a resident
- Intake: #00108011 - [CI #2131-000003-24] - related to a disease outbreak

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The Licensee has failed to ensure they complied with the Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, when all confirmed or probable resident cases of COVID-19 were not reported to the local public health unit as soon as possible.

Rationale and Summary
In accordance with the Minister's Directive: COVID -19 response measures for long-term care homes, effective August 30, 2022, and the COVID-19 guidance document for long-term care homes in Ontario, updated November 7, 2023; the home was required to notify the local public health unit of all confirmed or probable resident cases of COVID-19 as soon as possible.

A resident exhibited symptoms of COVID-19 and tested positive on a rapid antigen test (RAT) for COVID-19. A polymerase chain reaction (PCR) test was collected on the same day and the home received the results two days later. The Infection Control and Prevention (IPAC) Lead first contacted the local public health unit four days after the resident tested COVID-19 positive on RAT, and confirmed they did not contact public health as soon as possible.

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Failure to notify the local public health unit of all confirmed resident cases of COVID-19 may prevent measures to limit disease transmission to be implemented.

Sources: Minister's Directive: COVID-19 response measures for long-term care homes, COVID-19 guidance document for long-term care homes in Ontario, updated November 7, 2023; line list; e-mail communications to public health; interview with the Infection Control Lead. [000707]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

i) The licensee has failed to ensure an agency Personal Support Worker (PSW) participated in the implementation of the Infection Prevention and Control (IPAC) program.

Rationale and Summary
A resident was on droplet and contact precautions for a respiratory illness that required donning personal protective equipment (PPE). During an observation, the agency PSW did not wear any gloves when they were in close contact with the resident.

The home's policy titled "Additional Precautions", required staff to wear PPE including gloves when interacting with residents on droplet and contact precautions. The PSW did not have a reason for not wearing gloves. A Registered Nurse (RN) and IPAC Lead confirmed the PSW should have been wearing gloves.

Failure to apply proper PPE when a resident was on additional precautions posed risk for transmission of infectious agents.

Sources: Observation; interviews with agency PSW, RN, and IPAC Lead; home's policy Additional Precautions, IX-G-10.70, last revised 12/2021. [000707]

ii) The licensee has failed to ensure a Housekeeper participated in the implementation of the IPAC program.

Rationale and Summary
A resident was on droplet and contact precautions for a respiratory infection, that required donning and doffing PPE upon entering and exiting their room. A Housekeeper was observed entering the resident’s room and began a task without donning eye protection. The Housekeeper was approached by the inspector and was provided a faceshield by another staff member. After completing their task, the Housekeeper was observed exiting the resident’s room and removed their gloves and gown, and performed hand hygiene using Alcohol-Based Hand Rub (ABHR). The housekeeper continued to remove their face mask and faceshield, but did not perform hand hygiene.

The home's policy titled "Additional Precautions", required staff to wear personal protective equipment including eye protection when interacting with residents on droplet and contact precautions for respiratory infection. The home's policy titled

"Hand Hygiene", required staff to perform hand hygiene after doffing gloves.

The Housekeeper acknowledged they should have worn eye protection and the PPE was doffed in the incorrect order. The IPAC Lead verified the Housekeeper should have worn eye protection in the resident's room and they did not follow the correct order of doffing PPE when exiting a room on droplet-contact precautions including performing hand hygiene.

Failure to ensure that the Housekeeper followed donning and doffing PPE steps and hand hygiene procedures posed risk for transmission of infectious agents.

Sources: Observation; resident progress notes; interviews with Housekeeper and IPAC Lead; home's policies Additional Precautions, IX-G-10.70, last revised 12/2021, and Hand Hygiene, IX-G-10.10, last revised 11/2023 [000707]

COMPLIANCE ORDER CO #001 Housekeeping

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b)
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,

(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
1) Develop a process and inventory tool to monitor the received date and expiry date of all cleaning and disinfectant supplies and established frequency to conduct this monitoring.
2) Conduct at least one audit to ensure all cleaning and disinfectant supplies are not expired, prior to the compliance due date.
3) Maintain a documented record of audits completed, to include, but not limited to person(s) completing audit, cleaning and disinfectant supplies audited, location, receipt of supplies, expiry date of supplies, outcome of the audit and any actions taken in response to the audit findings.

Grounds
The licensee has failed to ensure that procedures were developed and implemented for cleaning and disinfection with at minimum a low-level disinfectant, in accordance with the manufacturer's specifications.

Rationale and Summary
A respiratory outbreak was declared on a resident home area on February 12, 2024. The home used Oxivir Tb, an intermediate level disinfectant, for the purpose of cleaning and disinfection during this outbreak. A review of the products used in the home indicated the disinfectant cleaner had been expired for at least two weeks.

A Housekeeper indicated they had cleaned all the high-touch surfaces in the

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common areas with Oxivir Tb disinfectant cleaner. The existing stock of Oxivir Tb disinfectant cleaner in the first floor storage had an expiry date of January 26, 2024. A review of the existing stock of Oxivir Tb disinfectant cleaner in the main chemical storage area with a Housekeeper, IPAC Lead, and Director of Environmental Services indicated that the product had an expiry date of January 21, 2024.

The Director of Environmental Services verified that all the existing stock of Oxivir Tb disinfectant cleaner in the home was expired for more than two weeks. They had indicated that there was no procedure in place to track the supply of disinfectant cleaners including their expiry dates. The IPAC Lead acknowledged expired Oxivir Tb disinfectant cleaner would not be effective for cleaning and disinfection, and should not be used during an outbreak.

Failure to ensure that the disinfectant cleaner used in an outbreak was in accordance with the manufacturer's specifications and not expired posed risk of disease transmission as the product would not be effective.

Sources: Observation; Oxivir Tb product label; and interviews with Housekeeper #111, Director of Environmental Services, and IPAC Lead. [000707]

This order must be complied with by April 3, 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

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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.