

**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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**Public Copy/Copie du rapport public**

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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>
Jul 16, 2021	2021_875501_0016	009397-21, 010180- 21, 010454-21	Critical Incident System

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**Licensee/Titulaire de permis**

City of Toronto

Seniors Services and Long-Term Care (Union Station) c/o 55 John Street Toronto ON  
M5V 3C6

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

Seven Oaks

9 Neilson Road Scarborough ON M1E 5E1

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

SUSAN SEMEREDY (501)

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

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

**This inspection was conducted on the following date(s): July 12, 13, 14, 2021.**

**The following intakes were inspected during this critical incident inspection:  
Log #009397-21 related to a follow-up to CO#001 from inspection  
#2021\_882760\_0019 regarding s. 5 of the LTCHA, safe and secure home with a  
compliance due date of June 21, 2021;  
Log #010454-21 regarding the elopement of a resident; and,  
Log # 010180-21 regarding falls prevention.**

**During the course of the inspection, the inspector(s) spoke with Acting Nurse  
Manager/IPAC Lead, Building Services Manager, personal support workers (PSWs),  
housekeepers, handy worker and residents.**

**During the course of the inspection, the inspectors observed resident and staff  
interactions, IPAC practices and reviewed clinical health records, relevant home  
policies and procedures, and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Infection Prevention and Control  
Safe and Secure Home**

**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:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 5.	CO #001	2021_882760_0019		501

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

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>

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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 16. Every licensee of a long-term care home shall ensure that every window in the home that opens to the outdoors and is accessible to residents has a screen and cannot be opened more than 15 centimetres. O. Reg. 79/10, s. 16; O. Reg. 363/11, s. 3.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that every window in the home that opens to the outdoors and is accessible to residents could not be opened more than 15 centimetres.

A resident was found having exited the grounds of the home. They were assessed as having no injuries. It was determined the resident had exited from a resident bedroom window and entered a secured courtyard. Because of work being done in the yard the gate was left open and the resident was able to leave the courtyard. According to a maintenance worker, the resident must have dislodged the stopper that prevents windows from opening more than 15 centimetres.

Failing to ensure windows are properly secured from opening more than 15 centimetres puts residents at risk for elopement and possible injury.

Sources: CIS report, resident #002's medical record and interviews with Handy Worker #108 and other staff. [s. 16.]

***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 ensure that every window in the home that opens to the outdoors and is accessible to residents cannot be opened more than 15 centimetres, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 91. 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. O. Reg. 79/10, s. 91.**

**Findings/Faits saillants :**

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

A housekeeping cart with cleaning chemicals accessible was left unattended on the fourth floor with residents passing by. When the housekeeper returned to their cart, they stated they were assisting a PSW with resident care. On the cart was a jug of neutral disinfectant cleaner, a jug of an odour control chemical and a bucket with cloths soaking in an Oxivir cleaning solution. An interview with the Building Services Manager confirmed that housekeepers were to store away their carts when not in use and/or lock their chemicals in a cabinet on the cart.

Failing to keep chemicals inaccessible to residents puts them at risk for ingesting them and having adverse reactions.

Sources: An observation and an interview with the Building Services Manager and other staff. [s. 91.]

***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 ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times, to be implemented voluntarily.***

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**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 staff participated in the implementation of the infection prevention and control program.

A housekeeper entered a resident room that was a Designated Isolation Room and had droplet and contact precaution signage on the door with personal protective equipment (PPE) available in a hanging caddy. The housekeeper came in close contact with the resident and did not put on gloves or a gown. The same housekeeper was noted to be mopping in the room later in the day without wearing a gown or gloves. A PSW entered the room at the same time to retrieve a meal tray without putting on a gown or gloves. During an interview with Acting Nurse Manager/IPAC Lead, they indicated the resident in the room was under droplet and contact precautions and confirmed staff should have put on and taken off gloves and a gown when they entered and exited the room.

Staff failing to apply the appropriate PPE puts residents at risk for infectious disease.

Sources: Observations and interviews with Acting Nurse Manager/IPAC Lead 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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

**Issued on this 23rd day of July, 2021**

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

**Original report signed by the inspector.**