

**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

<b>Original Public Report</b>	
<b>Report Issue Date: October 27, 2023</b>	
<b>Inspection Number:</b> 2023-1157-0005	
<b>Inspection Type:</b> Complaint Critical Incident	
<b>Licensee:</b> Tendercare Nursing Homes Limited	
<b>Long Term Care Home and City:</b> Tendercare Living Centre, Scarborough	
<b>Lead Inspector</b> Suzanna McCarthy (000745)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Nicole Lemieux (721709) Ana Best (741722)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): September 12, 13, 14, 15, 18, 20, 21, 22, 25, 26, 2023</p> <p>The following intakes were completed in this Critical Incident (CI) inspection:</p> <ul style="list-style-type: none"> <li>• Two intakes related to staff to resident neglect.</li> <li>• One intake related to falls prevention and management.</li> <li>• One intake related to pest control.</li> <li>• One complaint related to medication management.</li> </ul>

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

- Housekeeping, Laundry and Maintenance Services
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect

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Staffing, Training and Care Standards  
Falls Prevention and Management

## INSPECTION RESULTS

### Non-Compliance Remedied

**Non-compliance** was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

#### NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 271 (1) (c) (iv)

The licensee failed to list the name and contact information for the Infection Prevention and Control (IPAC) Manager on their website.

#### Rationale and Summary

During the course of a CI and Complaints inspection the home, Inspector #000745 observed that the home's website did not list the name and contact information for the home's IPAC lead.

Failure to list the contact information for the IPAC Manager created difficulty for individuals who were seeking to speak with the IPAC Manager with regards to IPAC matters relating to the health and safety of residents.

Failure to publish the name and contact information of the IPAC manager for the home created increased risk for residents through a diminished opportunity for communication and information sharing.

**Sources:** Observation of website, interviews with Executive Director. [000745]

On September 15, 2023 the LTCH updated the website to show the name of the IPAC lead.

Date Remedy Implemented: September 15, 2023

### WRITTEN NOTIFICATION: RESIDENTS' BILL OF RIGHTS

#### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iii.

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The licensee has failed to fully respect and promote resident #010's right to participate fully in making any decision concerning any aspect of their care.

**Rationale and Summary**

A complaint was brought forward to the Ministry of Long-Term Care (MLTC) indicating concerns of medication management for a resident. The resident's medication records indicated that the resident requested a specific medication frequently throughout a period of several months. Clinical records indicated that the resident requested that the medication be given nightly. A Physician's order indicated to change the medication as per the resident's request. Notation on the Physician's order indicated that a family member refused changes to the medications as requested by the resident. Clinical records and assessments conducted on multiple occasions, indicated that the resident was capable of making their own decisions.

During an interview, the resident expressed that they would like to continue to make their own decisions related to care specifically to the timing of their medication. The resident confirmed that they would like to have their medications scheduled for a set time each night. The direct care staff confirmed that the resident was capable of directing and making decisions related to their care including medications. A registered staff confirmed that the resident's wishes to have their medication changed to a scheduled dose should have been respected.

Failing to allow the resident to participate fully in their own decision making, did not promote and respect the rights of the resident and puts the resident at risk for loss of dignity and choice.

**Sources:** Clinical health records, interviews with resident and staff. [721709]

**WRITTEN NOTIFICATION: ACCOMODATION SERVICES**

**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The licensee has failed to ensure that the home is maintained in a safe condition and in a good state of repair.

**Rationale and Summary**

attached to the wall. Behind the radiator's cover panel, there was an open space. In that space, a white bait with evidence of disintegrated rodents and debris was observed. The drapes' white panel was in torn condition from top to bottom. In this same room it was also observed that one of the bathroom's walls had noticeable water damage. In another resident's room, there was evidence of water damage in a ceiling tile, and the drapes' white panel was in torn condition from top to bottom. On two separate

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days, there were a paper cup and banana peels on the windowsill, and the window's drapes were in poor condition.

On audit documentation for the specific room, it identified the ceiling tiles needed to be replaced as it had water stains from the above floor. It also indicated the drapes were damaged and management was aware of the situation. There was no documentation related to identified rooms.

The Executive Director (ED) demonstrated during a tour of the home's supplies room that there were supplies on site, including drapes.

The Environmental Services Manager (ESM) confirmed that the expectation was for staff to clean the banana peels and paper cup during routine practices. Additionally, the ESM confirmed that staff were to document the required repairs, however this was not completed. As a result, the ESM confirmed they were not aware of the condition of rooms.

Failing to maintain the home in a safe, sanitary, and good state of repair places all residents at increased risk for safety.

**Sources:** Observations, LTCH's rooms audits and maintenance repair log, interviews with staff. [741722]

## WRITTEN NOTIFICATION: GENERAL REQUIREMENTS

### NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 1.

The licensee failed to ensure that there was a written description of the pest control program that included protocols and provided for methods to reduce risk and monitor outcome.

#### Rationale and Summary

During a tour of the LTCH's floors, it was observed evidence of pest control measures in several residents' rooms, residents home areas, kitchen, laundry, and administrative areas. Some of the glue boards and baits observed in the different areas had disintegrated mice, dead cockroaches, and debris.

The LTCH's pest control program policy indicated the pest control program was based on prevention, monitoring, and control principles, including services that kill, reduce, or eliminate pest. This document did not specify how the home provided methods to reduce risk and monitor the outcome of the program.

The ESM indicated they did not know who was to follow up on the outcomes of action taken by the contracted pest control service provider. As well the manager indicated they were not following up with

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the binders located in each nursing stations, and monitoring if the pest service provider was signing the binders.

The Director of Care (DOC) confirmed the home does not have a written process for the monitoring of the pest control program outcomes.

By failing to monitor the outcomes of the pest control program, the home is at increased risk for the continued presence of pests in the home which impacts the safety and well-being of the residents in the home.

**Sources:** LTCH's Pest Control Program, the LTCH's pest sighting log records, pest control provider service reports, interviews with staff. [741722]

## WRITTEN NOTIFICATION: PEST CONTROL

### NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 94 (2)

The licensee failed to ensure that immediate action is taken to deal with pests.

#### Rationale and Summary

During a tour on the second and third floor, it was observed several black baits and glue boards were placed on several residents' rooms, and home areas. The LTCH's Pest Control Program indicated that all staff were to report immediately to management a suspected pest problem, make note of the location, description of all pest or rodents sighted. As well, it indicated that the support services manager or designate were to contact the pest control company immediately if a suspected infestation was reported in the home.

Upon review of the LTCH's pest sighting binders, there was documentation that staff had reported several sightings on various dates and in various rooms. There was no signature of the assigned pest control technician or information registered in the column assigned for the pest control action taken.

Upon review of the service reports provided to the LTCH by the pest service provider, there was no documentation of follow up actions taken related to the reported mice sighting in the identified resident rooms.

Staff reported mice have been seen in the home coming out of the window radiator vents. Upon demonstration by a staff member, two disintegrated mice were found behind the loose radiator cover panel in a resident's room.

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A number of staff confirmed there was no action taken for the mouse sighting in numerous resident rooms.

By failing to ensure that immediate action was taken to deal with the sighted pest, the home compromised the well-being of residents, and the home's environment.

**Sources:** LTCH's Pest Control Program, , the LTCH's pest sighting log records, pest service provider service reports, interviews with staff. [741722]

## WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

1) The licensee has failed to ensure that the infection prevention and control (IPAC) standard issued by the Director was followed related to hand hygiene.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, dated April 2022, under section 10.1, the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

**Rationale and Summary**

During the inspection,, Inspector #000745 observed several resident and administrative areas in the home that had multiple bottles of ABHR hand hygiene agents for resident, staff, and visitor use that contained 60 percent (%) alcohol.

The IPAC Lead confirmed that by using ABHR hand hygiene agents with a concentration of 60% alcohol, they were not effective as a disinfectant as per the IPAC Standard.

Failure to provide ABHR with a concentration of 70-90% alcohol created an increased risk of transmission of infectious agents for residents.

**Sources:** Observations, staff interviews. [000745]

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b), IPAC Standard 9.1**

2) The licensee has failed to ensure that a standard or protocol issued by the Director with respect to

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infection prevention and control (IPAC) was followed related to routine practices and additional precautions.

In accordance with the IPAC Standard for Long-Term Care Homes issued by the Director, dated April 2022, under section 9.1 (d), the licensee shall ensure that Routine Practices and Additional Precautions specifically the proper use of PPE, including appropriate selection and application are followed in the IPAC program.

### **Rationale and Summary**

During an IPAC tour, two residents were on additional precautions. Signage indicated that specific PPE was required to be worn to enter the room. A staff member was observed entering the room without donning the appropriate PPE. The staff member was observed entering the room and providing direct care to two residents. The staff member reported that they did not require the specific PPE. The IPAC Lead confirmed that all specified PPE outlined on the signage is still required for all individuals.

Failure to don appropriate PPE created an increased risk of transmission of infectious agents for residents.

**Sources:** Observations, interview with the IPAC Lead. [000745]