Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# 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**

Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111

Bureau régional de services de Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111


## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| May 17, 2021 | 2021_598570_0011 | 000438-21, 000439-21, 000588-21 | Complaint |

### Licensee/Titulaire de permis

Trilogy LTC Inc.
7070 Derrycrest Drive Mississauga ON L5W 0G5

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

Chartwell Trilogy Long Term Care Residence
340 McCowan Road Scarborough ON M1J 3P4

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

SAMI JAROUR (570)

## Inspection Summary/Résumé de l'inspection

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

**This inspection was conducted on the following date(s): April 13, 14, 15, 16, 19, 20, 21 and 22, 2021**

**The following intakes were inspected upon during this Complaint Inspection:**
**Log #000588-21, complaint related to pest control in the home.**
**Log #000438-21, follow up to Compliance Order (CO) #001 related to s. 229. (4), issued in inspection #2020_715672_0023 with a compliance due date of January 7, 2021.**
**Log #000439-21, follow up to Compliance Order (CO) #002 related to s. 73. (2), issued in inspection #2020_715672_0023 with a compliance due date of January 7, 2021.**

**During the course of the inspection, the inspector(s) spoke with During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (DOC), Acting Food Services Managers (AFSM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Environmental Services Manager (ESM), Technician from Pest Control Company, Housekeepers (HSK), Screeners, residents and family members.**

**During the course of the inspection, the inspector toured the home, reviewed health care records, observed resident to resident interactions and staff to resident interactions, and internal documents and policies related to pest control and infection control practices.**

**The following Inspection Protocols were used during this inspection:**
**Accommodation Services - Housekeeping**
**Dining Observation**
**Infection Prevention and Control**

**During the course of this inspection, Non-Compliances were issued.**
- **3 WN(s)**
- **1 VPC(s)**
- **2 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:**

| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|---|---|---|---|
| O.Reg 79/10 s. 73. (2) | CO #002 | 2020_715672_0023 | 570 |

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 88. Pest control**

**Specifically failed to comply with the following:**

**s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).**

**Findings/Faits saillants :**

1. The license has failed to ensure that immediate action was taken to deal with mice in the home.

The Ministry of Long-Term Care (MLTC) received an anonymous complaint related to concerns of rodent infestation in the home.

Inspector #570 spotted a mouse running across the boardroom on the main floor. Screeners #123 and #124 confirmed the sighting of a mouse running through the four-season room to the boardroom. Screener #123 indicated they saw two mice running on counter of staff lunch room on main floor about four weeks ago.

During observations on the main floor including a resident home area (RHA), Inspector #570 observed mouse droppings in multiple areas including: the board room, a resident's room and activity room/staff break room. Mouse traps were noted in the dining room and glue boards were noted in staff break room, and in four residents' rooms.

A review of the Pest Sightings & Reporting Logs from June 2020 to April 2021 indicated multiple sightings of mice and droppings on all seven floors in the home by staff, residents and family members.

During interviews with residents #014, #015 and #017, they confirmed sighting of of mice in their rooms. Resident #014 indicated the mice problem was all over the home.

A review of the contracted pest control company’s service work orders indicated no immediate actions were taken by the home to eliminate entry points of pests identified by the technician. The work order dated July 6, 2020, indicated that shipping/receiving doors still needed repair to prevent entry of pests. The service report dated April 16, 2021,

identified structural issues of receiving doors, rolling doors and exit door that needed to be repaired to prevent entry of pests.

On April 16, 2021, interview with technician from the pest control company confirmed that the LTC home had mice problems and that they proposed to the ESM on November 20, 2020, to do a blitz to inspect and install traps and bait in at least 220 rooms including 195 residents' rooms, meeting and activity rooms and areas in the basement, but had no response from the home up to this date. The technician indicated the home did not take any action to repair a damaged shipping and receiving door that was considered an entry point of pests until the current ESM was hired in July/August 2020.

On April 19, 2021, interview with Environmental Service Manager (ESM) acknowledged that the home had a mouse infestation issue that had not been resolved. The ESM indicated there was an ongoing issue with shipping/receiving door and that door was repaired in August/September 2020. The ESM indicated they were aware of the recommendations of structural issues identified as pest entry points from shipping/receiving door and the gap under exit door. The ESM indicated those issues had not been repaired. The ESM acknowledged that the gap under the exit door at main entrance would allow for mice to get into the building and that no action had been taken to close this gap until it is permanently resolved by installing a door sweeper.

The ESM acknowledged receiving a proposal from the technician from the pest control company to place bait stations in every room prior to the COVID-19 outbreak on November 2020, and indicated that that they did not discuss the proposal after the outbreak was declared over on February 18, 2021.

On April 22, 2021, during an interview, the Administrator acknowledged that the home had an issue with mice. The Administrator indicated that the proposal from the pest control company to put a bait station in every room has been approved.

Observations of the exit door from the main lobby and the shipping/receiving door indicated the doors were not repaired as of the last date of this inspection on April 22, 2021. Those two areas were identified on April 16, 2021, as an entry points of pests.

The presence of pests at the home presents an infection prevention and control concern at the home.

Sources: Observations, reviews of sighting logs and work orders related to pest control;

Interviews with residents, technician from pest control company, ESM and the Administrator. [s. 88. (2)]

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: 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 the staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

The home was issued a compliance order on December 31, 2020, within report # 2020_715672_0023, related to O. Reg. 79/10, s. 229 (4). A follow-up inspection was conducted, and the staff continued to be non-compliant with the implementation of the home's IPAC program.

During the course of the inspection, the following observations were made by the Inspector:

On April 13, 2021, Inspector #570 noted a door mounted Personal Protective Equipment (PPE) caddy for a resident's room with no signage posted to indicate the type of required precautions. PSW #125 was observed not wearing a gown while in the room. The PSW indicated they were in the room to answer the call bell and did not put on their full PPE as no care was provided to resident #013. The PSW did not change the mask and did not clean the face shield after leaving the resident's room.

RPN #126 indicated the that resident #013 should be in isolation for 14 days with droplet/contact precautions. The RPN confirmed a droplet/contact precautions signage was not posted at time of observation.

On April 14, 2021 at 1120 hrs, Inspector noticed a door mounted PPE caddy for a semi private room. No signage was posted for any type of precautions.

RPN #103 confirmed that no signage was posted and indicated a contact precautions signage should be posted. RPN #103 and ADOC #127 indicated resident #012 should be on contact precautions.

On April 15, 2021 at 1240 hrs, PSW #115 was observed leaving a resident's room without wearing a gown; the room had a signage of droplet precautions and had PPE caddy mounted on door. The PSW indicated they delivered a lunch tray service to the resident but they did not put a gown on and that they should have. The PSW performed hand hygiene upon leaving the room but did not replace the mask and did not clean the face shield.

Interview with RPN #128, IPAC lead in the home indicated that there was no need for additional precautions for resident #012 and the PPE caddy will be removed. The IPAC lead further indicated when staff are answering the call bell or delivering meal tray service, in a room with droplet/contact precautions, they should put on PPE and remove their PPE when exiting the room including changing the mask and cleaning the face shield. Inspector reviewed with RPN #128, the Public Health Ontario document, "Universal Mask Use in Health Care Settings and Retirement Homes" dated February 10, 2021, the RPN indicated that staff should have their PPE on when they are within two meters from the resident in rooms with droplet/contact precautions.

Interview with the DOC indicated when staff enter rooms in droplet/contact precautions that staff should do a risk assessment if they are going into a resident’s room within two meters of the resident, they should have full PPE on. The expectation is that staff would do risk assessment before entering rooms in isolation.

Staff failure to participate in the implementation of the IPAC program increases the risk of the spread of infections.

Sources: Observations; Compliance Order (CO) #001 from Inspection # 2020_715672_0023; The Public Health Ontario's, "Universal Mask Use in Health Care Settings and Retirement Homes" revised February 10, 2021; Interviews with PSW #125, PSW 115, RPN #103, RPN #126, IPAC lead and the DOC. [s. 229. (4)]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

**Specifically failed to comply with the following:**

**s. 15. (2) Every licensee of a long-term care home shall ensure that,**
**(a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
**(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
**(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was kept clean and sanitary.

On April 15 and 16, 2021, the following was observed in a resident home area:
- Activity room / staff break room - mice droppings noted on floor; mice trap (glue trap) with dead mice.
- Resident's room – black stains on bathroom floor; black dirt build up on bathroom floor by threshold of door.
- Resident's room – dry wall damage to corner at bathroom door frame with dry wall dust accumulating on floor. Dry wall damage in two areas in bathroom walls with two holes noted. Black stains on carpet.
- Resident's room – dirt build on floor. Stains on carpet and black dirt buildup on floor at entrance of bathroom.
- Resident's room – damage to wall (wall paper peeling); black dirt build up on bathroom floor by door threshold.
- Resident's room – black dirt build up on bathroom floor by door threshold separating carpet and floor. White stains on carpet.
- Resident's room – black dirt accumulating on bathroom floor by threshold of door.
- Resident's room – white / brown stains on carpet; black dirt build up on bathroom floor by door threshold.
- Resident's room – dust and dirt build up noted on floor at corners of room; damage to dry wall creating a hole behind door .
- Resident's room – black dirt accumulating on floor at door threshold; dust and dirt buildup on floor on corners by window; mice droppings noted.

During a tour of a resident home area and interview with the Environmental Services manager (ESM), the ESM acknowledged the above observations and indicated that the expectation that residents' rooms should be thoroughly cleaned.

The presence of mice droppings and dirt build up in residents' rooms and activity/staff break room in the first floor indicated that those areas were not kept clean and sanitary which could pose an infection prevention and control concern.

Sources: Observations, and interview with ESM. [s. 15. (2) (a)]

***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 the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.***

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**Issued on this 21st day of May, 2021**

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

**Original report signed by the inspector.**

Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

## Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**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**

## Public Copy/Copie du rapport public

| | |
|---|---|
| **Name of Inspector (ID #) / Nom de l'inspecteur (No) :** | SAMI JAROUR (570) |
| **Inspection No. / No de l'inspection :** | 2021_598570_0011 |
| **Log No. / No de registre :** | 000438-21, 000439-21, 000588-21 |
| **Type of Inspection / Genre d'inspection:** | Complaint |
| **Report Date(s) / Date(s) du Rapport :** | May 17, 2021 |
| **Licensee / Titulaire de permis :** | Trilogy LTC Inc.<br>7070 Derrycrest Drive, Mississauga, ON, L5W-0G5 |
| **LTC Home / Foyer de SLD :** | Chartwell Trilogy Long Term Care Residence<br>340 McCowan Road, Scarborough, ON, M1J-3P4 |
| **Name of Administrator / Nom de l'administratrice ou de l'administrateur :** | Shoma Maraj |

To Trilogy LTC Inc., you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

## Order(s) of the Inspector

## Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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**Order # / No d'ordre :** 001

**Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 88. (2) The licensee shall ensure that immediate action is taken to deal with pests. O. Reg. 79/10, s. 88 (2).

**Order / Ordre :**

The licensee must be compliant with s. 88. (2) of the O.Reg 79/10.

Specifically,

1) The licensee shall take immediate action to deal with pests; and

2) Have the building fully inspected by a licensed pest controller to locate potential mice entry points, nesting, burrowing sites and other signs of infestation; and

3) Documentation must be kept of the inspection, including the location and type of mice activity, and an action plan to address concerns identified during the inspection; and

4) Implement an effective preventative maintenance programs to prevent future mice infestations including but not limited to identifying and sealing any potential pest entry points; and

5) Ensure that a licensed pest controller will bait, trap, and monitor the population of mice in the home, including all resident rooms and non-resident areas until the mice population is significantly reduced and under control.

**Grounds / Motifs :**

1. The license has failed to ensure that immediate action was taken to deal with mice in the home.

The Ministry of Long-Term Care (MLTC) received an anonymous complaint related to concerns of rodent infestation in the home.

Inspector #570 spotted a mouse running across the boardroom on the main floor. Screeners #123 and #124 confirmed the sighting of a mouse running through the four-season room to the boardroom. Screener #123 indicated they saw two mice running on counter of staff lunch room on main floor about four weeks ago.

During observations on the main floor including a resident home area (RHA), Inspector #570 observed mouse droppings in multiple areas including: the board room, a resident's room and activity room/staff break room. Mouse traps were noted in the dining room and glue boards were noted in staff break room, and in four residents' rooms.

A review of the Pest Sightings & Reporting Logs from June 2020 to April 2021 indicated multiple sightings of mice and droppings on all seven floors in the home by staff, residents and family members.

During interviews with residents #014, #015 and #017, they confirmed sighting of of mice in their rooms. Resident #014 indicated the mice problem was all over the home.

A review of the contracted pest control company's service work orders indicated no immediate actions were taken by the home to eliminate entry points of pests identified by the technician. The work order dated July 6, 2020, indicated that shipping/receiving doors still needed repair to prevent entry of pests. The service report dated April 16, 2021, identified structural issues of receiving doors, rolling doors and exit door that needed to be repaired to prevent entry of pests.

On April 16, 2021, interview with technician from the pest control company confirmed that the LTC home had mice problems and that they proposed to the ESM on November 20, 2020, to do a blitz to inspect and install traps and bait in at least 220 rooms including 195 residents' rooms, meeting and activity rooms and areas in the basement, but had no response from the home up to this date. The technician indicated the home did not take any action to repair a damaged shipping and receiving door that was considered an entry point of pests until the current ESM was hired in July/August 2020.

On April 19, 2021, interview with Environmental Service Manager (ESM) acknowledged that the home had a mouse infestation issue that had not been resolved. The ESM indicated there was an ongoing issue with shipping/receiving door and that door was repaired in August/September 2020. The ESM indicated they were aware of the recommendations of structural issues identified as pest entry points from shipping/receiving door and the gap under exit door. The ESM indicated those issues had not been repaired. The ESM acknowledged that the gap under the exit door at main entrance would allow for mice to get into the building and that no action had been taken to close this gap until it is permanently resolved by installing a door sweeper.

The ESM acknowledged receiving a proposal from the technician from the pest control company to place bait stations in every room prior to the COVID-19 outbreak on November 2020, and indicated that that they did not discuss the proposal after the outbreak was declared over on February 18, 2021.

On April 22, 2021, during an interview, the Administrator acknowledged that the home had an issue with mice. The Administrator indicated that the proposal from the pest control company to put a bait station in every room has been approved.

Observations of the exit door from the main lobby and the shipping/receiving door indicated the doors were not repaired as of the last date of this inspection on April 22, 2021. Those two areas were identified on April 16, 2021, as an entry points of pests.

The presence of pests at the home presents an infection prevention and control concern at the home.

Sources: Observations, reviews of sighting logs and work orders related to pest control; Interviews with residents, technician from pest control company, ESM and the Administrator.

An order was made by taking the following factors into account:
Severity: There was minimal harm/risk to the residents as the pests posed a potential infection prevention and control that could contribute to the spread of infection in the home.
Scope: The issue was widespread in all resident and non resident areas in the

home.
Compliance history: Previous noncompliance to different subsections. (570)

**This order must be complied with by /**
**Vous devez vous conformer à cet ordre d'ici le :** Aug 17, 2021

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

## Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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**Order # / No d'ordre :** 002

**Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Linked to Existing Order / Lien vers ordre existant:** 2020_715672_0023, CO #001;

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee must be compliant with with s. 229 (4) of O. Reg. 79/10.

Specifically, the licensee must:

1) Provide leadership, monitoring, and supervision in all home areas to ensure staff adherence with appropriate Infection Prevention and Control (IPAC) practices.

2) Provide on the spot education and training to staff not adhering with appropriate IPAC measures.

3) Ensure signage is posted according to Public Health (PH) guidelines.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

The home was issued a compliance order on December 31, 2020, within report # 2020_715672_0023, related to O. Reg. 79/10, s. 229 (4). A follow-up inspection was conducted, and the staff continued to be non-compliant with the implementation of the home's IPAC program.

During the course of the inspection, the following observations were made by the Inspector:

On April 13, 2021, Inspector #570 noted a door mounted Personal Protective

Equipment (PPE) caddy for a resident's room with no signage posted to indicate the type of required precautions. PSW #125 was observed not wearing a gown while in the room. The PSW indicated they were in the room to answer the call bell and did not put on their full PPE as no care was provided to resident #013. The PSW did not change the mask and did not clean the face shield after leaving the resident's room.

RPN #126 indicated the that resident #013 should be in isolation for 14 days with droplet/contact precautions. The RPN confirmed a droplet/contact precautions signage was not posted at time of observation.

On April 14, 2021 at 1120 hrs, Inspector noticed a door mounted PPE caddy for a semi private room. No signage was posted for any type of precautions.

RPN #103 confirmed that no signage was posted and indicated a contact precautions signage should be posted. RPN #103 and ADOC #127 indicated resident #012 should be on contact precautions.

On April 15, 2021 at 1240 hrs, PSW #115 was observed leaving a resident's room without wearing a gown; the room had a signage of droplet precautions and had PPE caddy mounted on door. The PSW indicated they delivered a lunch tray service to the resident but they did not put a gown on and that they should have. The PSW performed hand hygiene upon leaving the room but did not replace the mask and did not clean the face shield.

Interview with RPN #128, IPAC lead in the home indicated that there was no need for additional precautions for resident #012 and the PPE caddy will be removed. The IPAC lead further indicated when staff are answering the call bell or delivering meal tray service, in a room with droplet/contact precautions, they should put on PPE and remove their PPE when exiting the room including changing the mask and cleaning the face shield. Inspector reviewed with RPN #128, the Public Health Ontario document, "Universal Mask Use in Health Care Settings and Retirement Homes" dated February 10, 2021, the RPN indicated that staff should have their PPE on when they are within two meters from the resident in rooms with droplet/contact precautions.

Interview with the DOC indicated when staff enter rooms in droplet/contact

precautions that staff should do a risk assessment if they are going into a resident's room within two meters of the resident, they should have full PPE on. The expectation is that staff would do risk assessment before entering rooms in isolation.

Staff failure to participate in the implementation of the IPAC program increases the risk of the spread of infections.

Sources: Observations; Compliance Order (CO) #001 from Inspection # 2020_715672_0023; The Public Health Ontario's, "Universal Mask Use in Health Care Settings and Retirement Homes" revised February 10, 2021; Interviews with PSW #125, PSW 115, RPN #103, RPN #126, IPAC lead and the DOC.

An order was issued by taking the following factors into account:

Severity: There was risk of harm to the residents when staff continued to be non-compliant with the proper IPAC measures, which may lead to cross contamination and spread of infections.
Scope: The scope of this non-compliance was pattern because the IPAC related concerns were identified during observations in two residents'' home areas.
Compliance History: The licensee continues to be in non-compliance with s. 229 (4) of the O. Reg. 79/10, resulting in a compliance order (CO) being re-issued. CO #001 was issued on December 31, 2021, (Inspection # 2020_715672_0023) with a compliance due date of January 7, 2021. (570)

**This order must be complied with by /**
**Vous devez vous conformer à cet ordre d'ici le :** May 24, 2021

## REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

## Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

## RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON  M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

**Issued on this 17th day of May, 2021**

**Signature of Inspector /**
**Signature de l'inspecteur :**

**Name of Inspector /**
**Nom de l'inspecteur :** Sami Jarour

**Service Area Office /**
**Bureau régional de services :** Central East Service Area Office