

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 31, 2021	2021_754764_0010	001494-20, 010804-20	Critical Incident System

Licensee/Titulaire de permis

The Wexford Residence Inc.
1860 Lawrence Avenue East Toronto ON M1R 5B1

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

The Wexford
1860 Lawrence Avenue East Scarborough ON M1R 5B1

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

NAZILA AFGHANI (764)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): April 26, 27, 28, 29 and May 3, 4 and 5, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #001494-20, CIS #C579-000002-20 and Log #3021-000003-20, CIS #3006-000011-20 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Director of Care (DOC), Resident Assessment Instrument- Minimum Data Set (RAI-MDS) Coordinator, Screener, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Physiotherapist (PT) and Residents.

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

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

2 WN(s)

2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee has failed to ensure that the care set out in the plan of care provided to the resident as specified in the plan.

Resident #003's care plan showed that, two specific interventions were to be used when the resident was in bed.

Inspector's observation on two different days showed one of the interventions was not in place.

PSW #117 and PSW #114, stated when they were taking over the resident's care from the previous shift, while resident was still in bed, the above intervention was not in place.

The DOC was made aware of the observations, they noted both interventions should be in use as specified in the plan of care. [s. 6. (7)]

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 clip alarms are provided for the resident care as specified in the plan, to be implemented voluntarily.

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).

**s. 229. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).**

Findings/Faits saillants :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program when residents' hands were not cleaned before

meals.

The Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009, and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, indicated to clean the residents' hands before meals.

Inspector's observations and resident interviews on two different days, showed that three residents were not assisted to perform hand hygiene before meals.

PSW #107 indicated that they were aware of that residents should be assisted with hand hygiene before meals as an IPAC (Infection Prevention and Control) practice but failed to do it.

The DOC was made aware of the observations, they noted staff should wash or use sanitizers to clean residents' hands before meals and hand hygiene audits needed to be continued.

Sources: Just Clean Your Hands LTCH implementation guide, catalogue #011816, dated September 2009 and PIDAC (Provincial Infectious Diseases Advisory Committee), 4th edition, dated April 2014, observation and interview with residents #005, #007 and #013, PSW #107 and DOC. [s. 229. (4)]

2. The licensee has failed to ensure that staff, recorded symptoms of infection in residents by recording the temperature at least twice daily.

Review of COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7 with the last update of May 4, 2021, indicated:

All residents must be assessed at least twice daily (once during the day and once during the evening) for signs and symptoms of COVID-19, including temperature checks.

Random temperature record review in Point Click Care (PCC), showed that temperature was not recorded within a month, at least twice daily for residents: #002 for 28 days, #008 for 27 days, #009 for 12 days, #010 for 28 days, #011 for 18 days, #012 for 1 day and resident #015 for 17 days.

RPN #109 and RPN #110, stated that they were aware of the requirement of checking the residents' temperature at least twice daily.

DOC, indicated that per Ministry directive, residents' temperature should be recorded at least twice daily in PCC, and if staff did not record it, meant directive was not followed.

Sources: COVID-19 Directive #3 for Long-Term Care Homes, Temperature records of residents #002, #008, #009, #010, #011, #012 and #015, interview with RPNs #109, #110 and DOC. [s. 229. (5) (b)]

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 hand hygiene is implemented for residents before each meal and residents' temperature are checked at least twice daily, to be implemented voluntarily.

Issued on this 14th day of June, 2021

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

Original report signed by the inspector.