

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspection Branch

**Toronto District**  
5700 Yonge Street, 5th Floor  
Toronto, ON, M2M 4K5  
Telephone: (866) 311-8002  
torontodistrict.mltc@ontario.ca

<b>Original Public Report</b>	
<b>Report Issue Date:</b> January 5, 2023	
<b>Inspection Number:</b> 2022-1439-0003	
<b>Inspection Type:</b> Follow up	
<b>Licensee:</b> The Royale Development GP Corporation as general partner of The Royale Development LP	
<b>Long Term Care Home and City:</b> Silverthorn Care Community, Mississauga	
<b>Lead Inspector</b> Reji Sivamangalam (739633)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

<b>INSPECTION SUMMARY</b>
<p>The Inspection occurred on the following date(s): December 21, 22, and 23, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00012898-Follow up for CO # 2022_1439_0002. O. Reg 246/22 s. 40</li> </ul>

### **Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be **COMPLIED**.

Legislative Reference	Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 246/22 s. 40	2022_1439_0002	001	739633

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

Falls Prevention and Management  
Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

**NC #01 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure that the home's hand hygiene program was fully implemented. Specifically, staff failed to perform hand hygiene after contact with a resident and their environment as required by Additional Requirement 9.1 (b) under the Infection Prevention and Control (IPAC) standard.

#### Rational and Summary:

A staff member was observed exiting a resident's room without performing hand hygiene after assisting the resident. The staff member stated they did not perform hand hygiene when leaving the resident's room.

The Infection Prevention and Control (IPAC) Lead acknowledged that staff members were required to perform hand hygiene when exiting the resident's room after contact with the resident.

Failure to ensure staff members performed hand hygiene as required by routine practices increased the risk of infection transmission.

**Sources:** Observations, the home's Hand Hygiene Policy, and interview with staff member and IPAC Lead.

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### WRITTEN NOTIFICATION: ACCOMMODATION SERVICES

**NC #02 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O.Reg. 246/22, s. 93 (2) (b) (iii)

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The licensee has failed to ensure that the product used for disinfecting the frequently touched surface was not expired.

**Rational and summary:**

A home area was in an infectious disease outbreak. A disinfectant product was found in the housekeeping supplies that had expired three months. The housekeeper verified that they were using the product to disinfect the floor railings.

The IPAC Lead and Executive Director stated that staff should have checked the products' expiry dates and discarded them after they expired.

There was a risk of increased disease transmission due to using expired products for disinfecting frequently touched surfaces.

**Sources:** Observations, Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, and interview with IPAC Lead and Executive Director.

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