



**Ministry of Health and
Long-Term Care**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Ministère de la Santé et des
Soins de longue durée**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Health System Accountability and
Performance Division
Performance Improvement and
Compliance Branch**

**Division de la responsabilisation et de la
performance du système de santé
Direction de l'amélioration de la
performance et de la conformité**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 18, 2013	2013_159178_0029	T-732-13	Other

Licensee/Titulaire de permis

The Credit Valley Hospital and Trillium Health Centre
150 Sherway Drive, ETOBICOKE, ON, M9C-1A5

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

McCall Centre Long Term Care Interim Unit
140 Sherway Drive, ETOBICOKE, ON, M9C-1A4

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

SUSAN LUI (178)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): December 16, 2013

This inspection was a Service Area Office Inspector Initiated Inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care, registered staff, personal support workers (PSWs), residents.

During the course of the inspection, the inspector(s) observed resident care, reviewed home records.

The following Inspection Protocols were used during this inspection:

Residents' Council



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité 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.) 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. 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. 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 :



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1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control program.

On December 16, 2013, the following was observed:

-an identified staff member was observed to enter an identified resident room containing two residents who had been segregated due to cough symptoms. The staff member was observed to place a meal tray on the bedside table in front one resident, and leave the room without performing hand hygiene.

-a second identified staff member was observed in a second identified resident room containing two residents who had been segregated due to cough symptoms. The staff member provided a meal tray to resident # 2, a resident who had been identified as having cough symptoms. The staff member placed the tray in front of resident # 2 on the resident's bedside table and prepared the resident for the meal. The staff member then attended to the co-resident, resident # 4, a resident not identified as having cough symptoms, without first performing hand hygiene. [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 all staff participate in the implementation of the infection prevention and control program, specifically with respect to hand hygiene, to be implemented voluntarily.

Issued on this 18th day of December, 2013

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

Aileen Liu (178)