

**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

## Original Public Report

**Report Issue Date:** August 20, 2024

**Inspection Number:** 2024-1636-0003

**Inspection Type:**

Proactive Compliance Inspection

**Licensee:** Mon Sheong Foundation

**Long Term Care Home and City:** Mon Sheong Stouffville Long-Term Care Centre,  
Stouffville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 29, 30, 2024 and August 1, 2, 6-9, 12, 13, 2024

The following intake(s) were inspected:

- An intake related to Proactive Compliance Inspection

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

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Medication Management  
Residents' and Family Councils  
Food, Nutrition and Hydration  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement

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Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: ACCOMMODATION SERVICES

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,

(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

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

#### Rationale and Summary

During observations in the home, multiple areas of the flooring in residents' home areas were noted to be in disrepair. Laminate flooring tiles were noted as peeling, had damaged corners, and were lifting. Multiple areas of the laminate flooring tiles were taped with duct tape and a few tiles were noted taped with clear tape.

The Building Services Supervisor indicated they were aware of the damaged areas of the floor and that the duct tape was used on damaged areas of the floor to prevent any injury to the residents until repaired. The Building Services Supervisor indicated the repairs were underway and started on a resident home area.

Failure to maintain the flooring in a safe condition and a good state of repair placed

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the resident at risk for injury.

**Sources:** Inspector's observations and interview with staff.

**WRITTEN NOTIFICATION: DUTY TO RESPOND**

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

**Non-compliance with: FLTCA, 2021, s. 63 (3)**

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to respond in writing to the Resident Council within 10 days after receiving a concern.

**Rationale and Summary:**

A review of Resident Council Meeting Minutes for two specified months identified concerns related to multiple specified concerns.

The Assistant to the Residents' Council (ARC) indicated there were no written responses provided to Residents Council (RC) within 10 days of the Administrator becoming aware of the concerns. The responses would be documented in the next meeting minutes, verbal responses were provided to the Resident Council.

The Administrator indicated RC concerns were addressed in writing to residents' council within 10 days, the response was sent to the ARC by the home's internal email. The ARC is required to print and provide the written responses to the RC, however the ARC failed to provide the written responses to RC. The RC indicated they did not receive a written response from the home within 10 days, they were provided a verbal response with discussion regarding the home's actions to their

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concerns or recommendations.

Failure to respond in writing to Residents' Council concerns or recommendations had the potential for missed concerns or recommendations being communicated to all residents.

**Sources:** Residents Council meeting minutes, interviews with the Residents' Council, staff interviews.

## **WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM**

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

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with.

In accordance with the "Infection Prevention and Control Standard for Long Term Care Homes April 2022" (IPAC Standard), revised September 2023. Specifically posting signage throughout the home that lists the signs and symptoms of infectious disease for self-monitoring as well as steps that must be taken if an infectious diseases is suspected or confirmed in any individual, under New: Additional Requirement Under the Standard, Additional screening requirements 11.6, under the IPAC Standard.

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**Rationale and Summary**

During observations in the home, the inspector noted a posting at the entrance of the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual. No postings were noted throughout the home.

The Infection Prevention and Management Control (IPAC) lead confirmed that the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual were not posted throughout the home.

Failure to post signs throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual there is a risk of spreading infectious disease to the staff and residents.

**Sources:** Observations, interview with staff.

**WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (5)**

Infection prevention and control program

s. 102 (5) The licensee shall designate a staff member as the infection prevention and control lead who has education and experience in infection prevention and control practices, including,

- (a) infectious diseases;
- (b) cleaning and disinfection;
- (c) data collection and trend analysis;

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- (d) reporting protocols;
- (e) outbreak management;
- (f) asepsis;
- (g) microbiology;
- (h) adult education;
- (i) epidemiology;
- (j) program management; and
- (k) current certification in infection control from the Certification Board of Infection Control and Epidemiology. O. Reg. 246/22, s. 102 (5).

The licensee has failed to ensure that the designated infection prevention and control (IPAC) lead had education and experience in IPAC practices.

**Rationale and Summary**

During an interview with the IPAC lead they indicated they had no experience and no education required for an IPAC lead. The IPAC lead indicated they worked as a registered practical nurse (RPN) in one of the residents' home areas and had a three-day orientation on the IPAC job routine prior to starting their current role as an IPAC lead on a specified date.

A review of the IPAC Routine checklist indicated the job routine of the IPAC lead and did not include any topics of the required education and experience that an IPAC lead should have.

Failure to designate the IPAC lead role to a staff member with education and experience in infection prevention and control increases the risk of poor management of the IPAC program.

**Sources:** IPAC routine checklist and interview with staff.