

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Toronto District
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
Telephone: (866) 311-8002

Original Licensee Report

Report Issue Date: June 29, 2023	
Inspection Number: 2023-1595-0003	
Inspection Type: Proactive Compliance Inspection	
Licensee: City of Toronto	
Long Term Care Home and City: Carefree Lodge, North York	
Lead Inspector Kim Lee (741072)	Inspector Digital Signature
Additional Inspector(s) Joy Ieraci (665)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): June 14 - 16, 19 - 23, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00089874 - Proactive Compliance Inspection
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The following **Inspection Protocols** were used during this inspection:

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

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Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Air Temperature

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

Non-compliance with: O. Reg. 246/22, s. 24 (4)

The licensee has failed to ensure that a resident's bedroom that was not served by air conditioning, the temperature was measured and documented in writing once a day in the afternoon between 12 p.m. and 5 p.m.

Rationale and Summary

A resident's room was observed not served by air conditioning.

The Building Supervisor and Registered Practical Nurse (RPN) indicated that the room was not measured daily until after this inspection commenced.

The resident was at risk of heat related illness as their room was not serviced by air conditioning and the temperature measurements were not completed daily.

Sources: Room observation; review of a resident's clinical records; and interviews with Building Supervisor, RPN and other staff. [665]

WRITTEN NOTIFICATION: Housekeeping

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

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

The licensee has failed to ensure that procedures were implemented for cleaning a resident's bedroom.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that procedures were developed and implemented for, cleaning of the home, including, resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces.

Specifically, staff did not comply with the policy "Daily Resident Room Cleaning" dated January 9, 2022, which was included in the licensee's housekeeping program. The LTCH's policy included that wet mopping was to be done using a disinfectant solution.

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Rationale and Summary

A housekeeper was observed wet mopping a resident's room. The housekeeper stated they were wet mopping with hot water and not using any disinfectant to clean the floor that day.

The Building Supervisor stated using hot water alone for wet mopping was not acceptable. The Building Supervisor stated that mopping must only be done using a solution that contained a disinfectant.

The Infection Prevention and Control (IPAC) Practitioner stated that the housekeeper did not implement the home's policy on cleaning floors with a disinfectant in the resident's room.

Failing to follow the policy to wet mop floors using a disinfectant hampered the long-term care home's (LTCH) infection control efforts and put residents at risk for exposure to infection.

Sources: Housekeeper observation; review of LTCH's policy: Daily Resident Room Cleaning, dated January 9, 2022, and Resident's Room Cleaning Chemical Use List; and interviews with a housekeeper, IPAC Practitioner and Building Supervisor. [741072]

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)

The licensee has failed to ensure the implementation of a standard issued by the Director with respect to infection prevention and control.

The home failed to ensure that a Registered Nurse (RN) applied the appropriate personal protective equipment (PPE) when providing direct care to a resident on additional precautions in accordance with the "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes" April 2022 as required under Routine Practices and Additional Precautions 9. 1 d.

Rationale and Summary

An RN was observed exiting a resident's room where additional precaution signage directed staff to wear PPE. The RN wore some personal protective equipment but was not wearing all the PPE as stipulated on the additional precaution signage.

The RN stated they had provided direct care to the resident and acknowledged they did not wear all the PPE indicated on the additional precaution signage.

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IPAC Practitioner stated that the resident was on additional precautions, which required specific PPE when care was provided.

In failing to wear the appropriate PPE, the RN put residents at risk for infection transmission.

Sources: Observation of staff; document review of residents on additional precautions; and interviews with an RN, IPAC Practitioner and other staff. [741072]

WRITTEN NOTIFICATION: Quarterly Evaluation

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

Non-compliance with: O. Reg. 246/22, s. 124 (1)

The licensee has failed to ensure that the interdisciplinary team, which must include the Medical Director, the Administrator, the Director of Nursing and Personal Care and the pharmacy service provider, meets at least quarterly to evaluate the effectiveness of the medication management system in the home and to recommend any changes necessary to improve the system.

Rationale and Summary

The last quarterly meeting with the interdisciplinary team to evaluate the effectiveness of the medication management system was in February 2023.

The home reviewed the medication management system in April 2023, but the Pharmacist was not present in the meeting.

The Administrator acknowledged that the April quarterly review did not include the required pharmacy service provider.

There was a risk that the home's medication management system may not be as effective when quarterly reviews were not evaluated with the required interdisciplinary team.

Sources: Review of the home's Continuous Quality Improvement (CQI) minutes February and April, 2023; and interviews with the Administrator and other staff. [665]

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WRITTEN NOTIFICATION: Medication Incidents and Adverse Drug Reactions

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 147 (1)

The licensee has failed to ensure that every medication incident involving a resident was documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and reported to the pharmacy service provider.

Rationale and Summary

The home's medication incident policy indicated that an incident report must be completed, pharmacy notified, and a summary of the report submitted to the home's online reporting system.

A medication incident occurred and the home was not able to provide documentation of the medication incident, the resident's name and the incident was not submitted into the home's online reporting system.

The Pharmacist confirmed that they were not aware of the medication incident.

The home's management of their medication incidents may not be as effective when medication incidents were not documented and reported to their pharmacy service provider.

Sources: Review of the home's Annual Clinical Program Evaluation, dated February 2023, Medication and Treatment Incidents, Policy #MM-0111-00, dated September 15, 2022, and Medication Incidents Reporting Structure; and interviews with the Administrator, Pharmacist, and other staff. [665]