

**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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**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 9, 2020	2020_615759_0027	018583-20	Follow up

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 MARKHAM ON L3R 4T9

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

Extendicare York  
333 York Street SUDBURY ON P3E 5J3

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

KEARA CRONIN (759)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): October 27-29, and November 2-5, 2020.**

**The following intake was inspected during this Follow Up Inspection:**

**- One intake related to CO#001 from inspection #2020\_638542\_0015, issued pursuant to O.Reg 79/10, s. 229. (8).**

**A Critical Incident Inspection (#2020\_615759\_0028) was conducted concurrently with this Follow up inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Cares (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Director of Care Clerk, and screening staff.**

**The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, reviewed relevant health care records, and reviewed licensee policies and procedures.**

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

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

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**

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REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (8)	CO #001	2020_638542_0015		759

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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>

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**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home was a safe and secure environment for its residents specific to one staff member utilizing appropriate Personal Protective Equipment (PPE).

In accordance with 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, long-term care homes were required to isolate new admissions under droplet and contact precautions for 14 days.

A resident who was newly admitted to the home, had a droplet and contact precautions signage on the wall outside of their room. The signage indicated that in addition to routine practices, a long-sleeved gown, gloves, mask and eye protection within 2 metres of the resident was required to be worn.

A PSW was observed entering the resident's room with no gown, eye covering, or gloves, thus increasing the risk of transmission of a potential incubating illness. During an interview with the homes Infection Prevention and Control (IPAC) lead, they confirmed that the PSW should have worn the appropriate PPE.

Sources: observations, Extendicare Precautions Poster: Droplet and Contact Precautions (last reviewed October 2020), COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, interviews with staff. [s. 5.]

***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 home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**Issued on this 10th day of November, 2020**

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

**Original report signed by the inspector.**