

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: October 31, 2023 | |
| Inspection Number: 2023-1428-0004 | |
| Inspection Type: Complaint Critical Incident Follow up | |
| Licensee: Mon Sheong Foundation | |
| Long Term Care Home and City: Mon Sheong Scarborough Long Term Care Centre, Scarborough | |
| Lead Inspector Amandeep Bhela (746) | Inspector Digital Signature |
| Additional Inspector(s) Maria Paola Pistritto (741736) | |

| INSPECTION SUMMARY |
|---|
| <p>The inspection occurred onsite on the following date(s): October 5-6, 10, 12-13, 18, and 19, 2023. The inspection occurred offsite on the following date(s): October 11, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One intake related to a complaint with concerns related to resident abuse, skin and wound, communication, medications, and resident care. • One intake related to resident abuse. • Intake: #00094854 – First Follow-up to Compliance Order (CO) #001/ 2023_1428_0003- O. Reg. 246/22 - s. 102 (2) (b) with Compliance Due Date of September 15, 2023 |

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

Skin and Wound Prevention and Management
Contenance Care

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Resident Care and Support Services
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Resident Charges and Trust Accounts

INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of License

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee failed to comply with CO #001 from Inspection #2023-1428-0003 regarding O. Reg 246/22 s. 102 (2) (b) related to Infection Prevention and Control (IPAC), with a compliance due date of September 15, 2023.

Specifically, the licensee did not keep a documented record of who provided the IPAC education, the date of the education provided, the names of the staff who received the education and the contents of the education. In addition, daily audits were not completed for a minimum of two weeks.

Rationale and Summary

During this follow up inspection the home failed to keep a documented record of who provided the education, the date of the education provided, the names of the staff who received the education and the contents of the education. Daily audits were to be conducted for a minimum of 2 weeks of donning and doffing in resident areas and additional precaution home areas. The Administrator provided documentation to support CO #001 which contained donning and doffing audits and surge education.

The compliance order required the home to:

1. The IPAC Lead or designate will provide education to RN #108, PSW #102 and staff #111 regarding the required additional Personal Protective Equipment (PPE) including proper donning and doffing during COVID-19 outbreak and Respiratory outbreak. Keep a documented record of who provided the education, the date of the education provided, the names of the staff who received the education and the contents of the education.
2. The IPAC Lead or designate is to conduct daily audits on day and evening shifts of specific resident

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home areas for proper use in resident rooms and areas where additional precautions are required for a minimum of two weeks.

A review of the home's records indicated that there was documented education for staff #111 only. The IPAC Lead confirmed education regarding donning and doffing was completed with RN #108, PSW #102 and staff #111. However, education documentation for RN #108 and PSW #102 could not be produced as the IPAC Lead informed inspector # 741736 that they forgot to document the teaching. The IPAC audits for the specific home areas were not completed for the two weeks period specified in the CO. The Administrator and IPAC Lead confirmed that the audits were only conducted for the outbreak period and not the minimum of two weeks as outlined in the CO.

Failure to document IPAC education and conduct IPAC audits puts residents at risk for infection.

Sources: IPAC documentation and interview with IPAC Lead, return demonstration teaching documentation for staff #111. [741736]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice. In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement. Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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WRITTEN NOTIFICATION: Directives by Ministers

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every COVID-19 response measures for long-term care homes that applies to the long-term care home, COVID-19 response measures for long-term care homes was complied with.

In accordance with the Minister's Directive, COVID-19 response measures for long-term care homes, the Licensee was required to ensure IPAC audits must be performed at least quarterly when not in outbreak, in alignment with the Infection Prevention and Control Standard.

Rationale and Summary

During this follow-up inspection, the IPAC checklist was inspected. Review of IPAC self-audits contained incomplete quarterly IPAC audit when the home was not in outbreak. IPAC audit for specific dates was incomplete. The IPAC Lead confirmed incomplete quarterly audits.

Failure to complete IPAC audits puts residents at risk for infection.

Sources: quarterly audits and interview with IPAC Lead. [741736]

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.