

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

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto, ON, M2M 4K5
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Original Public Report

Report Issue Date: October 18, 2022	
Inspection Number: 2022-1528-0003	
Inspection Type: Complaint	
Licensee: Ina Grafton Gage Home of Toronto	
Long Term Care Home and City: Ina Grafton Gage Home, Scarborough	
Lead Inspector Stephanie Luciani (707428)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s):</p> <ul style="list-style-type: none"> October 3, 2022 October 4, 2022 October 5, 2022 October 6, 2022 <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00002307 related to medication management.
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Medication Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22 s. 102 (2)(b)

The licensee has failed to ensure that additional precaution signage was in place for a resident on additional precautions, in accordance with “Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022.” Specifically, additional requirement 9.1 under routine practices and additional precautions.

During an observation, a resident’s room was noted to have a Personal Protective Equipment (PPE) cart and soiled linen cart located outside of the room. Signage related to donning and doffing PPE was posted beside the resident’s bedroom door. There was no signage indicating that the resident was on additional precautions at this time.

Staff #100 confirmed that the resident was on additional precautions at the time of the observation. Staff #100 placed additional precaution signage on the resident’s bedroom door, indicating the resident required additional precautions at that time.

Sources: Observations and interviews with IPAC lead and staff.

Date Remedy Implemented: October 3, 2022.

[707428]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

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

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The licensee has failed to ensure that staff performed hand hygiene in accordance with “Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022.” Specifically, additional requirement 9.1 (b) under routine practices.

Rationale and Summary

(a) Staff #103 was observed entering a resident’s room and did not perform hand hygiene prior to providing care. Staff #103 exited the room wearing gloves and carrying soiled linen and waste. Staff #103 discarded the soiled linen and waste, removed their gloves, and did not perform hand hygiene. Staff #103 grabbed clean linen from the cart in the hallway and re-entered the resident’s room.

(b) Staff #102 was observed assisting a resident into the dining room in their wheelchair and did not perform hand hygiene after coming into contact with the resident’s environment. Staff #102 assisted a second resident in their wheelchair to the dining room and did not perform hand hygiene prior to assisting a third resident.

(c) Staff #102 was observed exiting a resident’s room carrying equipment. Staff #102 disinfected the equipment with a disinfectant wipe and did not perform hand hygiene.

The home’s policy titled “Hand Hygiene” directed staff to perform hand hygiene as per the four moments of hand hygiene: before initial contact with the resident and equipment in the resident environment and after contact with the resident and equipment in the resident environment.

The IPAC Lead acknowledged that staff were to perform hand hygiene before and after coming into contact with a resident or a resident’s environment, in between assisting residents and after removing gloves.

Failure to ensure staff performed hand hygiene as required by routine practices, increased the risk of transmission of infection.

Sources: Observations, review of the home’s Hand Hygiene Policy , interview with the IPAC



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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Lead, and review of the Infection Prevention and Control Standard for Long-Term Care Homes,
April 2022.

[707428]