

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
torontodistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: January 20, 2023	
Inspection Number: 2023-1072-0002	
Inspection Type: Complaint Critical Incident	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Bayview, North York	
Lead Inspector Goldie Acai (741521)	Inspector Digital Signature
Additional Inspector(s) April Chan (704759)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
January 5-6, and 9-10, 2023

The following intake(s) were inspected:
Intake: #00002010-[CI: 2460-000015-22] were related to falls prevention and management.
Intake: #00012854-[CI: 2460-000021-22] related to allegation of staff to resident abuse.
Intake: #00013751-(complaint) related to allegation of staff to resident abuse.

The following intakes were completed in this inspection:
Intake: #00001334-[CI: 2460-000007-22], Intake: #00002444-[CI: 2460-000017-22] related to fall of residents resulting in injuries.

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

Falls Prevention and Management

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Prevention of Abuse and Neglect
Infection Prevention and Control
Housekeeping, Laundry, and Maintenance Services
Responsive Behaviours

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 (7) 11.

The licensee has failed to ensure that the infection prevention and control (IPAC) lead carried out their responsibilities related to the hand hygiene program.

The IPAC lead failed to ensure access to effective hand hygiene agents at point-of-care in accordance with the “Infection Prevention and Control Standard for Long Term Care Homes April 2022” (IPAC Standard). Specifically, the IPAC Lead did not ensure that the hand hygiene program discontinued all expired 70 to 90 percent alcohol-based hand rub as is required by Additional Requirement 10.1 under the IPAC Standard.

Rationale and Summary

Specifically, on January 5, 2023, at 1234 hours, there were two sanitizer dispensers manufactured by Shanwei BYD Industrial located in a resident home area that was expired on November 5, 2022. The RPN was not aware of the expired hand hygiene agents and indicated they should be removed. They stated that registered nursing staff check expiry dates and restocks the home areas for hand hygiene agents.

The IPAC lead indicated that the expired hand sanitizers were discarded in October 2022, but some may have been missed because of expired stock hoarded by staff members, and then circulated onto the resident home area. They indicated that hand hygiene agents are not as effective when used past the expiration date.

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On January 6, 2023, at 0953 hours, there were no expired hand hygiene agents observed in the above-mentioned resident home area.

Sources: observations on January 5, 6, 2023, interviews with RPN #110 and IPAC Lead.
[704759]

Date Remedy Implemented: January 6, 2023

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 93 (2) (b) (iii)

The licensee has failed to ensure that products used in cleaning and disinfection of home areas were discarded when expired.

Rationale and Summary

Specifically, on January 5, and 6, 2023, expired Oxivir Tb solution cleaning disinfectants were found on two housekeeping carts on separate home areas. Housekeepers #103 and #107 were not aware that the disinfectant was expired. The Environment Services Manager (ESM) indicated that the disinfectants were kept in a storage area where the home's cleaning staff had access.

Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, April 2018, states there should be systems in place to ensure the efficacy of the disinfectant over time (e.g., frequent testing of product, review of expiry date).

The ESM was aware expired products were kept in storage and were separated into boxes left to be picked up by the manufacturer. The expired products were used in housekeeping carts because staff may have accidentally picked up items from the stock of expired products.

On January 10, 2023, the home replaced expired cleaning and disinfectant products from the new stock inventory in all cleaning carts, and confirmed expired the products were picked up by the manufacturer.

Sources: Interviews with staff #102, #103, and #107, observations on January 5, and 6, 2023, Record review of Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, dated April 2018
[741521]

Date Remedy Implemented: January 10, 2023

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WRITTEN NOTIFICATION: Accommodations Services**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure that as a part of the organized program of housekeeping, procedures for cleaning the home were developed, implemented, and complied with.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that chemicals required on the cleaning cart are locked and inaccessible to residents, all chemicals and bottles are properly labelled as to their contents and WHMIS/GHS regulations are complied with.

Rationale and Summary

Specifically, the housekeeping staff member did not comply with the policy “Housekeeping Cart HL-05-01-06”, dated January 2022, of the home’s Housekeeping Program. On January 6, 2023, at 1315 hours, a cleaning cart containing an opened unlabeled bucket with cleaning solution and towels soaking inside was left unattended in front of a resident sitting with a meal tray. A PSW after being prompted, moved the cart in front of the shower room on the West unit, yet left the container uncovered. The housekeeping staff member returned to the cart after throwing away garbage and acknowledged that the bucket containing cleaning solutions need to be either sealed and out of reach of residents before leaving the cart unattended, or the cart is to be locked in the utility room. In addition, the ESM also acknowledged that the containers should not be left open and unattended.

Sources: Observations January 6, 2023, Interview with staff #107, Record review: Policy Housekeeping Cart HL-05-01-06
[741521]

WRITTEN NOTIFICATION: Falls prevention and management**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 54 (1)

The licensee has failed to ensure that falls prevention and management strategies to reduce or mitigate falls for a resident were implemented.

In accordance with O. Reg 246/22 s. 11 (1) (b) the licensee is required to ensure that resident who are at risk for falls are identified as such.

Rationale and Summary

Specifically, the staff did not comply with the home’s policy ‘Falls Prevention and Management

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Program” RC-15-01-01, ‘Falling Star/Leaf Flagging Guide’ APPENDIX 4. The policy requires that the resident who are at risk for falls to be identified in one or more ways.

The resident did not have any of the identifying items as listed in the policy. Staff #100, #105, and #115 acknowledged a falls risk assessment was performed, and the resident was determined to be at risk for falls, and that these items were supposed to be present on all residents who have been determined to be at risk for falls and confirmed that all items required in the policy were not in place for this resident.

The Resident has had multiple falls within six months. There was risk identified when this resident who was at risk for falls was not identified by the methods described in the home’s falls prevention and management program.

Sources: Observations, interview with staff #100, #105 and #115, Record review Falls Prevention and Management Program” RC-15-01-01 January 2022, ‘Falling Star/Leaf Flagging Guide’ APPENDIX 4. [741521]

WRITTEN NOTIFICATION: Infection prevention and control program**NC #005 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 that a standard or protocol issued by the Director for the infection prevention and control (IPAC) program was followed.

Rationale and Summary

Specifically, the Licensee has failed to ensure that the COVID-19 swabbing policy was followed by a staff member in accordance with the “Infection Prevention and Control Standard for Long Term Care Homes April 2022” (IPAC Standard). In accordance with the IPAC Standard section 2.2 the IPAC Lead is to ensure that infectious disease testing is conducted appropriately.

According to the DOC and IPAC Lead the home uses the “Ontario Health guidelines: COVID-19 Rapid Antigen Tests: How to Collect a Sample dated February 9, 2022,” as the policy to direct swabbing activities. On January 5, 2023, at approximately 1445 hours, two staff members and one visitor were swabbed by the swabbing staff member before being granted entry into the facility. Staff #106 collected samples from the cheeks and nostrils then proceeded with the rapid antigen test as per the manufacturer’s instructions. The swabber did not ask any qualifying questions before collecting oral samples.

The instructions in the policy specified:

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1. Do NOT eat, drink, chew gum, smoke, or vape for at least 30 minutes before collecting the sample.
4. Insert the soft swab tip between both inner cheeks and lower gums and turn the swab a few times.
5. Then, rub the soft swab tip on your tongue as far back in your throat as you feel comfortable.

The improper sample collection can result in inaccurate tests results. Thus, potential false negative results would increase the risk spreading infectious disease.

Sources: Interviews with staff #106, IPAC Lead, and DOC, observations on January 5, 2023, and Ontario Health Guidelines: COVID-19 Rapid Antigen Tests: How to Collect a Sample (February 9, 2022) [741521]