

**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>
Sep 21, 2021	2021_814648_0005	013269-21	Complaint

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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 Guildwood  
60 Guildwood Parkway Scarborough ON M1E 1N9

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

JOVAIRIA AWAN (648)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 13, 14, 15, 16, and 17, 2021.**

**The following intakes were completed in this Complaints Inspection:**

**- Log #013269-21 and #013301-21 related to an allegation of staff to resident abuse.**

**During the course of the inspection, the inspector(s) spoke with Resident #001, Housekeeping Staff (HK), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Clinical Coordinator (CC), Environmental Services Manager (ESM), and the Director of Care (DOC).**

**During the course of inspection, the inspector toured the home, observed Infection Prevention and Control (IPAC) practices, provision of care, staff to resident interactions, reviewed clinical health records, and relevant policies and procedures.**

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

**Infection Prevention and Control**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**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)**

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

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

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

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The licensee has failed to ensure that the staff followed the home's infection prevention and control (IPAC) practices.

The home was identified with an Acute Respiratory Illness (ARI) outbreak followed by a facility exposure to COVID-19, through direct care PSW staff. Residents with ARI, and suspected exposure to the PSW staff were subsequently put on Droplet and/or Contact Precautions throughout the home for monitoring and remained in isolation at the time of the inspectors observations.

Observations made during walkabouts in the home by the inspector identified two staff seated without their disposable face masks applied. Additional observations identified three PSW's wearing two disposable face masks, one over their to cover their nose and mouth, and PSW #102 with double layered disposable gloves applied. Upon inquiry, PSW's #102 and 103 stated they were instructed to wear single disposable face masks by the home but felt comfortable wearing the double layered PPE. On a subsequent observation, PSW #103 was observed wearing two disposable face masks one over the other, and proceeded to don PPE without changing either masks before entering a room to provide direct resident care with droplet and contact precaution signage on the door. PSW #103 exited the room and failed to remove both masks appropriately during doffing of PPE and proceeded to leave the home area. Upon inquiry PSW #103 stated they were not required to remove mask due to use of face shield. PSW #103 then proceeded to then remove surface mask and apply new mask over pre-existing mask underneath.

The observations demonstrated inconsistent IPAC practices performed by the staff of the home, putting residents at risk of harm due to pre-existing conditions of an ARI outbreak and facility exposure to a confirmed case of COVID-19 infection in a PSW staff. By not adhering to the home's IPAC program, there could be possible transmission of infectious agents, including the possibility of the COVID-19 virus.

Sources: Interviews with Clinical Lead, DOC, PSWs, and other staff; observations made throughout the home during the inspection, the homes IPAC policies, and public health directives related to the use of PPE. [s. 229. (4)]

***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 all staff participate in the implementation of the Infection Protection and Control (IPAC) program, to be implemented voluntarily.***

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**Issued on this 23rd day of September, 2021**

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

**Original report signed by the inspector.**