

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.mlhc@ontario.ca

Original Public Report

Report Issue Date: January 12, 2023	
Inspection Number: 2022-1528-0004	
Inspection Type: Follow up	
Licensee: Ina Grafton Gage Home of Toronto	
Long Term Care Home and City: Ina Grafton Gage Home, Scarborough	
Lead Inspector JulieAnn Hing (649)	Inspector Digital Signature
Additional Inspector(s) Fiona Wong (740849)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): December 15, 16, 19, and 20, 2022.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00007389 – Compliance Order (CO) #001 related to prevention of abuse and neglect from inspection report #2022_1528_0002. Intake: #00006726 – CO #002 related to general requirements for the skin and wound program from inspection #2022_1528_0002. Intake: #00007648 – CO #003 related to falls prevention program from inspection #2022_1528_0002. Intake: #00006861 – CO #004 related to skin and wound care program from inspection #2022_1528_0002. Intake: #00007649 – CO #005 related to plan of care from inspection #2022_1528_0002.
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Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
FLTCA, 2021	s. 24 (1)	2022_1528_0002	001	Julie Ann Hing (649)
O. Reg. 246/22	s. 34 (2)	2022_1528-0002	002	Julie Ann Hing (649)
O. Reg. 246/22	s. 53 (1) 1.	2022_1528_0002	003	Fiona Wong (740849)
O. Reg. 246/22	s. 55 (2) (b) (iv)	2022_1528_0002	004	Julie Ann Hing (649)
FLTCA, 2021	s. 6 (4) (a)	2022_1528_0002	005	Fiona Wong (740849)

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Falls Prevention and Management
- Resident Care and Support Services

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 there was in place a hand hygiene program in accordance with the “Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022” (IPAC

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Standard).

Specifically, the IPAC Lead failed to ensure that the hand hygiene program included access to 70-90% Alcohol-Based Hand Rub (ABHR) as was required by Additional Requirement 10.1 under the IPAC Standard. The IPAC lead failed to remove expired ABHR that was in use in the home.

Rationale and Summary

On December 15, 2022, a bottle of expired ABHR was located on the side of a medication cart. Inspector #740849 notified a registered staff of the observation, and it was removed from being in use.

The IPAC Practitioner indicated that the expired ABHR should not have been in use as manufacturer instructions should be followed.

No other expired ABHR were observed during the remainder of the inspection.

There was low risk to residents as there were other ABHR available for use and not expired.

Sources: Inspector #740849's observations, Interview with the IPAC Practitioner. [740849]

Date Remedy Implemented: December 15, 2022