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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 1-800-461-7137
HamiltonSAO.moh@ontario.ca

Original Public Report

Report Issue Date August 18, 2022
Inspection Number 2022_1484_0002
Inspection Type
☒ Critical Incident System ☐ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
Albright Gardens Homes, Incorporated

Long-Term Care Home and City
Albright Gardens, Beamsville

Lead Inspector
Lisa Bos (#683)

Inspector Digital Signature
Lisa Bos
Digitally signed by Lisa Bos
Date: 2022.08.18 10:46:44 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 21-22, 25-27, 2022

The following intake was inspected:

- Log #011725-22 (CIS #2983-000021-22) related to falls prevention and management.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

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

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

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary
The IPAC Standard for Long-Term Care Homes, stated under section 9.1 that Additional Precautions shall include (e) point-of-care signage indicating that enhanced IPAC control measures were in place.

Droplet/Contact Precautions signage was posted on the door to a resident's room. Their written plan of care indicated that they required contact precautions, and there was no documentation that droplet precautions were required.

A Registered Practical Nurse (RPN) acknowledged that the resident required Contact Precautions and that incorrect signage was posted. The signage was removed, and the appropriate signage was posted. There was no impact to the resident and no risk as the signage was beyond what the resident required.

Date Remedy Implemented: July 22, 2022 [683]

COMPLIANCE ORDER CO #001 INFECTION PREVENTION AND CONTROL PROGRAM

NC#02 Compliance Order pursuant to FLTCA, 2021, s.154(1)2
Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 102 (2) (b)

The licensee shall:

1. Ensure that appropriate point-of-care signage is posted for a resident, as indicated.

2. Complete bi-weekly audits to ensure appropriate point-of-care signage is posted for residents who require Additional Precautions. Bi-weekly audits to continue for a minimum of one month post compliance due date or until compliance is achieved. The licensee is to maintain a record of these audits and any corrective actions or follow-up taken as a result of the audits.

3. Ensure that staff don appropriate Personal Protective Equipment (PPE) when providing care to a resident, as indicated.

4. Re-train two identified PSWs on appropriate use of PPE for residents on Droplet/Contact Precautions. The licensee is to maintain a record of what education was provided, on what date, and include signatures of the PSWs.

5. Identify hand hygiene champions in the home.

6. Complete monthly audits to monitor staff compliance with the four moments of hand hygiene. The licensee is to maintain a record of these audits and any feedback and correction of practices when indicated.

7. Update the home's hand hygiene program to include support for residents to perform hand hygiene prior to receiving meals and snacks.

8. Provide education to all direct care staff on the home's updated hand hygiene program. The licensee is to maintain a record of what education was provided, on what date, and include signatures of staff members who have received the education.

9. Complete weekly audits to monitor staff support for residents to perform hand hygiene prior to receiving meals and snacks. Weekly audits to continue for a minimum of one month post compliance due date or until compliance is achieved. The licensee is to maintain a record of these audits and any corrective actions or follow-up taken as a result of the audits.

Grounds

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

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

A) The IPAC Standard for Long-Term Care Homes, stated under section 9.1 that Additional Precautions shall include (e) point-of-care signage indicating that enhanced IPAC control measures were in place.

A resident's clinical record indicated that they required Contact Precautions.

Droplet/Contact Precautions signage was posted on the door to the resident's room. A Personal Support Worker (PSW) and RPN reported that the resident no longer required Droplet Precautions.

The next day, there was no signage posted outside the resident's room indicating that any Additional Precautions were required. A RPN acknowledged that the resident required Contact Precautions and that there should have been signage to indicate that Additional Precautions were required. Five days later, there remained no signage to indicate that enhanced IPAC control measures were in place.

The Associate Director of Nursing (ADON) acknowledged that there should have been signage outside the resident's room to indicate they were on Contact Precautions.

Failure to post signage indicating that Contact Precautions were required may have increased the risk of transmission of infections.

Sources: IPAC Standard for Long-Term Care Homes; a resident's clinical record, observations, interviews with a PSW, RPN and the ADON.

B) The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) the appropriate selection, application, removal, and disposal of Personal Protective Equipment (PPE).

Two PSWs were observed to don and doff PPE to provide care to a resident, who was on Droplet/Contact Precautions. Both PSWs were observed to don gloves, a gown, and a surgical mask prior to the provision of care to the resident. Both PSWs failed to wear eye protection.

The PSWs acknowledged they should have worn eye protection when providing care to the resident.

Failure to wear eye protection when providing care to a resident on Droplet/Contact Precautions may have increased the risk of transmission of infections.

Sources: IPAC Standard for Long-Term Care Homes; signage; observations of donning/doffing of PPE; interview with PSWs and other staff.

C) The IPAC Standard for Long-Term Care homes, indicated under section 10.4 that the home's hand hygiene program was to include c) identification and engagement of hand hygiene champions in the home to promote best practice, d) monthly audits of adherence to the four moments of hand hygiene by staff and h) support for residents to perform hand hygiene prior to receiving meals.

A meal was observed on a resident home area. Over the course of one hour, the Inspector did not observe staff assisting any residents with hand hygiene prior to receiving their meals.

Two of the PSWs who worked during the meal service acknowledged that they did not provide residents with assistance to clean their hands prior to meal service. They reported that some residents may have received assistance if they were toileted but acknowledged they could have attempted to assist other residents with hand hygiene.

The ADON acknowledged there were no designated hand hygiene champions in the home, that monthly hand hygiene audits were not completed, and that the home's hand hygiene program did not include resident hand hygiene.

Failure to identify hand hygiene champions, complete monthly audits and provide hand hygiene for residents prior to meals may have put the residents at risk of contracting an infection.

Sources: IPAC Standard for Long-Term Care Homes; dining observation; interview with PSWs, the ADON and other staff.
[683]

This order must be complied with by October 14, 2022

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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. Please include the inspection report # and the order or AMP #;
(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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

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

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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

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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
email: MLTC.AppealsCoordinator@ontario.ca

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.