

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 10, 2021	2021_920420_0003	015616-21	Critical Incident System

Licensee/Titulaire de permis

Bennett Village
1 Princess Anne Drive Georgetown ON L7G 2B8

Long-Term Care Home/Foyer de soins de longue durée

Bennett Centre Long Term Care
1 Princess Anne Drive Georgetown ON L7G 2B8

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

AMY ABBOTT (694420)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 29, December 1-3, 2021

The following intake was completed in this Critical Incident System (CIS) inspection:

Log #015616-21, related to an injury to a resident that resulted in a resident being sent to hospital.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Infection Prevention and Control (IPAC) Lead, a Registered Practical Nurse (RPN), Personal Support Workers (PSWs), a housekeeper, recreation staff and an IPAC screener.

The inspector toured the home, observed residents, their home areas, resident and staff interactions, infection control practices and reviewed clinical health records, relevant home policies and procedures and other pertinent documents.

Inspector, Sherri Cook (633) was also present during this inspection.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control**

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 :

1. The licensee has failed to ensure that staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22 and 30, 2020, Directive #3 was issued and revised on July 14, 2021, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. All LTC Homes were to implement COVID-19 measures to protect the health of all residents and staff.

The Directives, best practices and the homes COVID-19 Pandemic Protocol Policy stated that the minimum of droplet and contact precautions was to be followed by staff related to COVID-19. This required staff to wear full PPE including goggles or eye protection when entering a resident room that was designated on droplet and contact precautions.

During the course of the inspection, several resident's were placed on droplet and contact isolation precautions. These residents were considered potential high risk contacts by Public Health related to a positive COVID-19 staff case.

Observations on a day in December 2021, identified four staff who did not don eye protection prior to entering resident rooms that were designated droplet and contact isolation rooms. These staff had close contact with the residents in those rooms.

Staff #102 and DOC #101 acknowledged that all staff should be wearing full PPE including eye protection prior to entering a residents room and when providing care to residents that were in droplet and contact precaution rooms.

There was potential risks of exposure and transmission of the virus to residents and staff when staff did not wear full PPE including eye protection as required by the homes IPAC program.

Sources: Observations; the home's COVID-19 Pandemic Protocol Policy 7.14 (April, 2020), Coronavirus Disease 2019 (COVID-19) Droplet and Contact Precautions Non-Acute Care Facilities (March, 2020), Directive #3 (December 2020); interviews with the home's IPAC Lead #102, DOC #101 and other staff. [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 staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program, to be implemented voluntarily.

Issued on this 13th day of December, 2021

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

Original report signed by the inspector.