

**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
Oct 29, 2021	2021_738753_0021	014410-21	Complaint

Licensee/Titulaire de permis

MacGowan Nursing Homes Ltd.
719 Josephine Street P.O. Box 1060 Wingham ON N0G 2W0

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

Braemar Retirement Centre
719 Josephine Street North, R.R. #1 P.O. Box 1060 Wingham ON N0G 2W0

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

KATHERINE ADAMSKI (753)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): October 7, 12-14, 2021.

**The following intakes were completed during this complaint inspection:
Log #014410-21 related to concerns with staff qualifications.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Quality Improvement/Infection Prevention and Control Lead, Professional Practice Coordinator, Maintenance Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Residents, Personal Support Workers (PSW), Housekeeping, and Surveillance Screening Staff.

The inspector toured the home and observed infection prevention and control measures, dining, and staff to resident care provisions.

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

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 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. 33. Bathing
Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents were bathed at a minimum of twice a week by a method of their choice.

Between August 30 and September 5, 2021, the home's bathing schedules showed that 63 of 104 scheduled baths were missed.

Between September 6 and 12, 2021, the home's bathing schedules showed that 76 of 104 scheduled baths were missed.

Between September 20 and 26, 2021, the home's bathing schedules showed that 74 of 104 scheduled baths were missed.

As a result of resident's missing their baths, 40 residents did not get a bath for approximately three weeks in early September and 15 residents did not get a bath for approximately three weeks in late September.

Management and PSW staff acknowledged that challenges with staffing resulted in residents missing their weekly baths.

Not ensuring that residents were bathed at least twice a week may result in a negative impact to residents health and quality of life.

Sources: Interviews with the Administrator and other staff, the home's bathing schedules dated August 16 to October 13, 2021, and bathing priority lists. [s. 33. (1)]

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 residents are bathed at a minimum of twice a week by a method of their choice, to be implemented voluntarily.

WN #2: 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 fully participated in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents.

The home's Communal Dining Policy (dated July 2021) stated that residents were to be assisted to perform hand hygiene with Alcohol Based Hand Rub (ABHR) prior to dining.

On October 7, and 13, 2021, residents independently entered or were assisted by staff into the dining rooms and they were not reminded, encouraged or assisted by staff to perform hand hygiene prior to being served their lunch meal.

On October 13, and 14, 2021, staff did not ensure residents performed hand hygiene prior to offering them a morning or afternoon snack.

Staff stated that they used to assist residents with hand hygiene prior to dining, however they were no longer doing so.

Not ensuring residents were performing hand hygiene before or after having a meal or snack placed staff, essential visitors and residents at increased risk for disease transmission.

Sources: Observations conducted on October 7, 13, and 14, 2021, the home's Communal Dining Policy (dated July 2021), Just Clean Your Hands Long Term Care Home Implementation Guide, Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014, interviews with 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 fully participate in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents, to be implemented voluntarily.

Issued on this 1st day of November, 2021

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

Original report signed by the inspector.