Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 16, 2022	2022_972633_0001	000185-22	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

SHERRI COOK (633)

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): February 1-3, 7-9, 2022.

The following intake was completed during this inspection:

Complaint log #000185-22- related to food services and Infection Prevention and Control (IPAC) practices.

A mandatory IPAC inspection was completed.

During the course of the inspection, the inspector(s) spoke with the President, the Professional Practice and Resident Care Co-ordinator, the Nutrition Manager, the Registered Dietitian (RD), the Infection Prevention and Control (IPAC) Lead, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a cook/dietary aide, dietary aides, a housekeeper, screeners, Huron Public Health representatives, a family member and residents.

Inspector Iqbal Kalsi was present for part of this inspection.

The inspector(s) toured the home and observed staff IPAC practices and dining/snack services. The COVID-19 Directives and guidance materials, IPAC best practices, the home's related policies/documentation and the plan of care of the identified residents were also reviewed.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy
Dining Observation
Infection Prevention and Control
Nutrition and Hydration
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **4 WN(s)**
- **4 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents’ Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

The licensee has failed to ensure that every residents' right to receive visitors of their choice was respected and promoted.

On January 12, 2022, Public Health (PH) declared the whole home in COVID-19 outbreak.

Directive #3 effective December 24, 2021, or as current, stated that in regards to visitors, all LTCHs must follow the Ministry of Long-Term Care (MLTC) guidance document for LTCHs in Ontario.

The MLTC LTCH COVID-19 guidance document dated January 4, 2022, stated that all homes were required to implement a written visitor policy that complied with this document and Directive #3 in addition to all other applicable laws. One essential caregiver was permitted for a resident who was COVID-19 positive and symptomatic/isolated. Homes were further directed that restricting the frequency of visits by caregivers was not allowed. Recognizing, the important role of the caregiver in providing meaningful connection and emotional support for residents the MLTC guidance was updated to further support residents and their essential caregivers in visiting. This was in addition to supporting staffing shortages in homes. Caregivers may support up to two residents who were COVID-19 positive. Homes were reminded that residents had the right under the LTCHA, 2007, to receive visitors and this resident right should not be restricted unless otherwise directed by Public Health (PH). The home was required to implement this updated guidance by February 7, 2022.

By February 8, 2022, multiple residents were COVID-19 positive/isolated and the home had experienced staffing shortages. Despite Directive #3, MLTC guidance and the home's visitor policy, all essential caregivers had been prohibited from entering the home.

PH had not provided direction to the home that differed from Directive #3 and MLTC guidance and had advised the home that essential caregivers were encouraged and permitted. The home's failure to implement Directive #3, MLTC and PH guidance in accordance with the LTCHA during a COVID-19 outbreak was a potential risk for the residents mental health and negative effects related to isolation from their essential supports.

Sources: Directives #3 (December 24, 2021), the MLTC LTCH COVID-19 guidance documents (January 2022), the home's visitor policy Family Caregiver Programs (December 17, 2021), the home's resident and line lists; interviews with a family member, the IPAC Lead, two PH representatives and multiple other staff.

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 every resident has the right to receive visitors of their choice, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

The licensee has failed to ensure a safe and secure home for residents by failing to follow Directive #3 related to staff personal protective equipment (PPE) use and COVID-19 screening.

A) Appropriate mask use was not followed by staff.

Directives and best practices stated that in relation to universal masking, homes must ensure that all staff wear a well-fitted medical mask for the entire duration of their shift. The appropriate use of PPE related to masking by staff for residents that were suspect or

COVID-19 positive was one mask, a N95 respirator for direct care.

Multiple observations of staff PPE use showed that staff were double masking (surgical mask over a N95 mask) in the hallways and entering/exiting rooms of residents who were COVID-19 positive/isolated under droplet/contact precautions. There was potential risk of decreased efficacy of the N95 mask and increased risk of transmission and spread for residents and staff related to staff using double masks.

PH was not consulted by the home regarding this practice and direction to the home that differed from the Directives and IPAC best practices had not been provided.

Sources: Multiple observations of staff PPE use (February 1, 2 and 8, 2022), Directive #3 (December 23, 2021), Directive #5 (December 17, 2021),Technical Brief Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (December 15, 2021), interviews with the IPAC Lead and PH representatives.

B) COVID-19 screening related to a staff member was not followed.

A staff member failed the required COVID-19 entrance screening however, they were permitted to enter the home. The staff member developed symptoms of COVID-19 during their shift and the required process for reporting to the home and their immediate self isolation was not followed. The staff member tested positive for COVID-19. The failure of the home to follow Directive #3 and guidance related to staff screening was a minimal risk of COVID-19 transmission related to this specific incident.

PH did not provide direction to the home that differed from the Directive #3 and guidance.

Sources: Directive #3 (December 24, 2021), the Ministry of Health’s COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (December 7, 2021), the home’s staff line list; interviews with the DOC (January 2022), PH representative and other staff.

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 the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 11. Dietary services and hydration

Specifically failed to comply with the following:

s. 11. (2) Without restricting the generality of subsection (1), every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied. 2007, c. 8, s. 11. (2).

Findings/Faits saillants :

The licensee has failed to ensure that residents were provided with food that was adequate in quantity, nutritious and varied.

A complaint was received by the Ministry of long-Term Care (MLTC) related to concerns regarding the home's menus. Food for meals provided to the residents lacked choices and variance.

Prior to and including during the home's COVID-19 outbreak food menus were implemented that lacked two choices for meals, vegetables, desserts and in some instances lacked the necessary proteins. There were no therapeutic/production sheets that assisted staff with ensuring that the correct portion sizes were provided to the residents. In addition, the menus were not standardized for a minimum of a 21-day cycle as required. A contributing factor to this non-compliance was that the menus had not been approved by the RD and the Resident's Council of the home prior to implementation as required. Without choices, varied foods, proteins, and tools to assist staff with preparing and portioning food correctly, there was a minimal risk for residents related to weight loss and impaired wound healing during this time period.

Sources: Canada's Food Guide (retrieved February 8, 2022), the home's menus (January 2022), interviews with the RD, NM and other staff.

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 residents are provided with food that is adequate in quantity, nutritious and varied., to be implemented voluntarily.

WN #4: 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

The licensee has failed to ensure that a resident hand hygiene program was implemented in accordance with evidence-based practices.

Directive #3 stated there was an urgent requirement for LTCHs to implement IPAC measures to protect residents and staff including adherence to hand hygiene practices under O. Reg. 79/10.

Public Health declared the home in COVID-19 outbreak on January 12, 2022.

Multiple observations of staff and residents related to staff encouraging and completing resident hand hygiene before/after meals and snacks showed that resident hand hygiene was not being completed. Residents were in three separate dining areas, hallways and in their rooms. A resident stated that staff did not encourage them and other residents to do hand hygiene for meals and snacks.

The Just Clean Your Hands Program stated that hand hygiene prevented infections. Resident hand hygiene should be offered and completed using an alcohol-based hand rub (ABHR) or a soap and water procedure before/after meals and snacks. The home's hand hygiene policy in use did not include hand hygiene for residents. The failure of the home to implement hand hygiene for residents in accordance with Directive #3 and best practices was a potential risk for residents and staff for infection and transmission.

Sources: multiple observations of resident hand hygiene for meals/snacks (February 2, 3, 7, 2022); the home's hand hygiene policy (December 2020), the Just Clean Your Hands Implementation Guide Ontario's Step-by-step Guide to Implementing a Hand Hygiene Program in your Long-term Care Home (2009), the Just Clean Your Hands Keeping Residents Safe and Healthy brochure (2011); interviews with a resident, the IPAC Lead, PH representative and other staff.

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 a hand hygiene program is implemented in accordance with evidence-based practices, to be implemented voluntarily.

Issued on this 16th day of February, 2022

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

Original report signed by the inspector.