Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: July 9, 2024
Inspection Number: 2024-1384-0002
Inspection Type: Complaint
Licensee: Regency LTC Operating Limited Partnership, by it general partners, Regency Operator GP Inc. and AgeCare Iris Management Ltd.
Long Term Care Home and City: AgeCare Brant, Burlington

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: June 18-21, 24-27, 2024

The following intake was inspected:

- Intake 00112746 was related to concerns about a critical incident and plan of care.

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

Resident Care and Support Services
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control
Residents' Rights and Choices

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)
Non-compliance with: FLTCA, 2021, s. 3 (1) 19. iv.
Residents' Bill of Rights
s. 3 (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
19. Every resident has the right to,
iv. have their personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to their records of personal health information, including their plan of care, in accordance with that Act.

The licensee failed to uphold multiple residents' rights to have their personal health information (PHI) within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act.

Rationale and Summary
During an observation of medication administration, a staff member entered the dining room to administer medication multiple times without turning off the screen on the medication cart. The screen displayed PHI, including medication to be administered to residents on their medication administration record and was visible to passersby. Staff acknowledged that the screen is to be locked when registered

nursing staff walk away from the medication cart.

Following interview with the staff, they locked the screen when they walked away from the cart to continue medication administration.

Sources: Observation of medication administration, interviews with staff. [740735]

Date Remedy Implemented: June 18, 2024

WRITTEN NOTIFICATION: Maintenance Services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (2) (b)
Maintenance services
s. 96 (2) The licensee shall ensure that procedures are developed and implemented to ensure that,
(b) all equipment, devices, assistive aids and positioning aids in the home are kept in good repair, excluding the residents' personal aids or equipment.

The licensee failed to ensure that procedures were implemented to ensure that all equipment in the home was kept in good repair.

Rationale and Summary
A complaint was received by the Ministry of Long-Term Care regarding equipment not functioning when staff were responding to a resident's critical needs. Staff who responded to the resident identified potential concerns with a specified equipment within the long-term care home (LTCH). The home was unable to demonstrate audits completed on the equipment prior to the incident.

The home's policy required a process to be in place to ensure each unit of the specified equipment was checked at least weekly to ensure it was in working condition, clean and stocked with appropriate supplies. Staff acknowledged that the auditing procedure to be followed was not implemented prior to the incident. Following the incident, staff were to complete and document weekly equipment audits on each floor using a specified audit form.

Failure to ensure an auditing procedure was implemented may have led to issues with equipment not being identified.

Sources: LTCH investigation records, policies and audit forms, interviews with staff. [740735]

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:
1. Educate a specified staff member on the home's expectations for performing hand hygiene at the four moments of hand hygiene, including during medication

administration. Maintain documentation of what education was provided, on what date, by whom and the signature of the staff.
2. Complete hand hygiene audits of the staff during medication administration on four shifts or until compliance is achieved. Maintain documentation of the audits, names of staff who completed each audit, outcomes and any corrective action taken based on audit results.

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

Rationale and Summary
The IPAC Standard required under section 9.1 that routine practices were to be followed in the IPAC program, specifically (b) hand hygiene, including, but not limited to, before aseptic procedures, before initial resident/resident environment contact and after resident/resident environment contact.

During an observation of medication administration, a staff member left the medication cart and entered the dining room to administer medication on four occasions without performing hand hygiene. The staff touched the medication cart keys, screen, pill crusher, medication and various other surfaces between contact with each resident, their environment and the medication cart without performing hand hygiene. Alcohol-based hand rub was available at the doorway to the dining room and on the medication cart and was not used at any point during the observation.

The home's hand hygiene policy described hand hygiene as the single most important infection prevention measure and required staff to perform hand hygiene before and after contact with a resident and their environment. The staff

acknowledged hand hygiene should have been performed between residents during medication administration and was not. The IPAC Lead indicated registered nursing staff were to sanitize their hands when leaving the medication cart to administer a medication and following the act of medication administration once out of the resident's environment.

Failure for staff to complete hand hygiene at the required moments of hand hygiene posed a risk of infectious disease transmission.

Sources: Observation of medication administration, IPAC Standard (revised Sept 2023), Policy "Hand Hygiene Program" (revised Sept 2022), interviews with the IPAC Lead and staff. [740735]

This order must be complied with by August 20, 2024

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;
(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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) 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:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) 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:

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
e-mail: 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.