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

Central West District
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Original Public Report

Report Issue Date: February 20, 2024
Inspection Number: 2024-1533-0001
Inspection Type: Critical Incident Follow up
Licensee: Corporation of the County of Bruce
Long Term Care Home and City: Brucelea Haven Long Term Care Home - Corporation of the County of Bruce, Walkerton

Lead Inspector	**Inspector Digital Signature**
Megan Brodhagen (000738)	Megan Brodhagen Digitally signed by Megan Brodhagen Date: 2024.03.11 09:37:22 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 6 - 9, 2024 and February 12 - 13, 2024.

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake #00105075 was related to an infectious disease outbreak
- Intake #00106851 was related to falls prevention and management

The following intake was completed in this Follow-Up inspection:

- Intake #00103129 - Follow-up to CO #001 of inspection #2023-1533-0007 with Compliance Due Date (CDD) of January 29, 2024, related to plan of care

The following intake was completed in this inspection: Intake #00104547 was related to falls prevention and management.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:
Order #001 from Inspection #2023-1533-0007 related to FLTCA, 2021, s. 6 (4) (a) was complied.

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

Resident Care and Support Services
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that they carried out every operational or policy directive that applied to the long-term care home.

Specifically, as per section 1.2 of 'Minister's Directive: COVID-19 response measures for long-term care homes', the licensee was required to ensure that the masking requirements as set out in the 'COVID-19 Guidance Document for Long-Term Care Homes in Ontario' were followed.

Rationale and Summary
Several observations were made of staff members not wearing their masks correctly in resident care areas. Staff members were observed wearing their mask below their nose, and another staff member had their mask pulled down under their chin. Two Food Service Workers (FSW) were observed exiting the elevator into a resident care area not wearing a mask with a resident present.

The 'COVID-19 Guidance Document for Long-Term Care Homes in Ontario' last revised November 7, 2023, stated that for staff, students, volunteers and support workers masks are required to be worn indoors in all resident areas.

The FSW confirmed that they were not wearing a mask in the resident care area and should have been.

Interim IPAC Lead stated that staff were expected to wear blue surgical masks in resident care areas.

By staff members not correctly wearing their blue surgical masks in resident care areas it increased the risk of possible transmission of infectious microorganisms.

Sources: Observations, COVID-19 Guidance Document for Long-Term Care Homes in Ontario, and Interviews with staff. [000738]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
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 licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

Rationale and Summary
According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with respect to IPAC.

A. The IPAC Standard for Long-Term Care Homes (LTCHs), revised September 2023, section 10.4 (h), indicated that the licensee shall ensure that the hand hygiene program includes policies and procedures, as a component of the overall IPAC program, as well as support for residents to perform hand hygiene prior to receiving meals.

During an observation of a lunch meal service, a Personal Support Worker (PSW) and Registered Practical Nurse (RPN) did not encourage or assist residents with hand hygiene prior to eating.

The PSW and RPN acknowledge they did not assist residents with hand hygiene prior to entering the dining room before meal service but should have.

Interim IPAC Lead stated that staff were expected to assist residents with hand hygiene prior to meal service upon entering the dining room.

Gaps in residents' hand hygiene practice could lead to increased risk of possible transmission of infectious microorganisms.

Sources: Observation of the lunch meal service, Hand Hygiene policy, policy number IX-G-10.10 (last revised December 2023), IPAC Standard (revised September 2023), and Interviews with staff.

B. The IPAC Standard for Long-Term Care Homes (LTCHs), revised September 2023, section 9.1, indicates that Routine Practices should be followed in the IPAC program. Routine practices should contain hand hygiene practices, including but not limited to, the four moments of hand hygiene.

During a morning snack service, a PSW did not perform hand hygiene before entering resident rooms, handling resident's snacks and drink, and after leaving resident's room.

The PSW confirmed that they did not complete hand hygiene prior to entering and exiting resident's rooms for snack service.

Interim IPAC Lead stated that staff were expected to complete hand hygiene during snack service as per the four moments of hand hygiene.

Gaps in staff member's hand hygiene practices could lead to increased risk of possible transmission of infectious microorganisms.

Sources: Observation of a morning snack service, Hand Hygiene policy, policy

number IX-G-10.10 (last revised December 2023), IPAC Standard (revised September 2023), and Interviews with staff. [000738]