Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue sous *la Loi de 2007 sur les foyers de soins de longue durée*

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de 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
Feb 5, 2019	2019_539120_0003	006124-18	Critical Incident System

Licensee/Titulaire de permis

The Central Canadian District of the Christian and Missionary Alliance in Canada
155 Panin Road BURLINGTON ON L7P 5A6

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

CAMA Woodlands Nursing Home
159 Panin Road BURLINGTON ON L7P 5A6

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

BERNADETTE SUSNIK (120)

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): January 22, 2019

Three critical incidents were reviewed (#03921-17, #30794-18 and #06124-18) which were submitted between November 27, 2017 and November 18, 2018, related to respiratory outbreaks in the home.

During the course of the inspection, the inspector(s) spoke with the Director of Care, Environmental Services Supervisor, housekeepers and personal support workers.

During the course of the inspection, the inspector toured two home areas, including dirty utility rooms and resident rooms, reviewed the infection prevention and control policies and procedures, minutes of meetings, outbreak related documentation, daily infection surveillance logs, outbreak monitoring, cleaning and disinfection practices, tuberculosis screening and influenza immunization programs.

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

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	
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 O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that, as part of the organized program of housekeeping under clause 15 (1) (a) of the Act, that policies and procedures for cleaning and disinfection were implemented for devices in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with prevailing practices.

According to the licensee's policies and procedures for cleaning and disinfecting personal care equipment (devices) entitled "Care and Use of Equipment (05-07-01)" revised September 2017, devices such as bath basins and bed pans were to be cleansed with a general disinfectant on a weekly basis, as per a cleaning schedule. No direction was provided regarding how the devices would be handled after each use, the type of disinfectant to be used, how applied, how the devices would be cleaned and where.

Prevailing practices entitled "Best Practices for Environmental Cleaning for Infection Prevention and Control in All Health Care Settings", April 2018 and "Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices", 2014, from Public Health Ontario, both include the need to first clean the devices (also identified as non-critical items) followed by low level disinfection, either with a liquid disinfectant or a disposable disinfectant wipe. The cleaning process depended on the level of soiling and what the devices were used for.

According to personal support workers #002 and #003, the above noted devices were cleaned in the resident's sink with soap and water and paper towel after use. Disinfection was not completed afterwards and the staff reported that staff from a different shift completed the disinfection task. According to the Director of Care, no schedule had been developed for staff to deep clean and disinfect the devices. The designated infection control person was not available for interview at the time of inspection.

During a tour of two identified home areas, wash basins in but not limited to five identified resident washrooms had visible matter on the outside surfaces of the basins.

A tour of the dirty utility rooms revealed a space that was equipped with a hopper (for bodily waste disposal), counter, cabinets and a stainless steel sink. Cleaning and/or cleaning and disinfectant solutions/wipes were not provided in one of the identified dirty utility rooms.

The licensee failed to ensure that policies and procedures for cleaning and disinfection were developed and implemented for devices in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with prevailing practices. [s. 87. (2) (b)]

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 policies and procedures for cleaning and disinfection are developed and implemented for devices in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with prevailing practices, 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. (5) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken as required. O. Reg. 79/10, s. 229 (5).

s. 229. (6) The licensee shall ensure that the information gathered under subsection (5) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks. O. Reg. 79/10, s. 229 (6).

Findings/Faits saillants :

1. The licensee failed to ensure that, on every shift, symptoms of infection in residents were recorded and that immediate action was taken as required.

According to the licensee's policy "Protocol for Completing Surveillance Infection Log LOG (04-03-05), revised September 2017, resident symptoms were to be documented daily using a form entitled "Daily Infection Surveillance Log". No provision was made on the form to document symptoms of infection on every shift and the policy failed to identify the requirement. According to progress notes for resident #101, who presented with respiratory symptoms on a specified date in May 2018, no documentation was made on the surveillance log until three days later. [s. 229. (5) (b)]

2. The licensee failed to ensure that the information that was gathered under subsection (5) was analyzed daily to detect the presence of infection, for the purpose of reducing the incidence of infection and outbreaks.

During the month of June 2018, resident symptoms were documented on a daily infection surveillance log in and identified home area. Six residents presented with similar upper respiratory related symptoms during the first three weeks of June 2018. Further review of the resident's progress notes made by registered staff, identified that resident #101 had three specific upper respiratory symptoms on a specified date in May 2018, and appeared to have been the index case. The daily infection surveillance log for this resident did not include any documented symptoms for the resident until three days later. Two residents (#102, #103) presented with two of the same symptoms the first week of June 2018, followed by residents #104, #105 and #106 with the same symptoms one day, five days and 15 days later.

According to Halton Regional public health reporting requirements, any two residents with two or more similar symptoms within 24-48 hours should be reported as a suspect outbreak. It appeared that the surveillance logs were not analyzed daily to detect for patterns or trends of infection and possible outbreaks. Public health was not informed about the cases and were not involved. The designated infection control lead during this time was not available for interview during the inspection. The Director of Care was not aware of the oversight.

The licensee failed to ensure that the information that was gathered under subsection (5) was analyzed daily to detect the presence of infection, for the purpose of reducing the incidence of infection and outbreaks. [s. 229. (6)]

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, on every shift, symptoms of infection in residents are recorded and that the information that is gathered under subsection (5) is analyzed daily to detect the presence of infection, for the purpose of reducing the incidence of infection and outbreaks, to be implemented voluntarily.

Issued on this 7th day of February, 2019

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

Original report signed by the inspector.