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 |
|---|---|---|---|
| Jun 8, 2021 | 2021_610633_0011 | 004465-21 | Critical Incident System |

### Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9

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

Cambridge Country Manor
3680 Speedsville Road, R.R. #1 Cambridge ON N3H 4R6

### 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 Critical Incident System inspection.**

**This inspection was conducted on the following date(s): May 4-7, 10-14, 2021.**

**A Critical Incident (CI) related to falls prevention was completed during this inspection.**

**Inspectors Janis Shkilnyk #706119 and Brittany Nielson #705769 were present during this inspection**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Associate Director of Care (A-DOC), the Activation Director, the Food Service/Environmental Services Manager (FS/ESM), Corporate representatives, Registered Nurses (RNs), Registered Practical Nurses (RPNs), swabbers, Personal Support Workers (PSWs), housekeepers, screeners, the Clinical Lead Cambridge Memorial Hospital, Region of Waterloo Public Health inspectors and a resident.**

**The inspector observed Infection Prevention and Control (IPAC) practices, staff/resident interactions and falls prevention strategies. The home's IPAC policies and related documentation, the Directive's, current IPAC best practices reference materials, and the plan of care for the identified residents were also reviewed.**

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

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

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|---|
| Legend<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. 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 :**

The licensee failed to ensure that all staff participated in the implementation of the home's required COVID-19 Infection Prevention and Control (IPAC) measures and

Public Health Ontario (PHO) best practices. Droplet/contact precautions for residents that required COVID-19 isolation precautions were not implemented and followed in accordance with Directive #3.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, 2020, Directive #3 was issued and revised on May 4, 2021, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. A requirement was made for LTCHs to implement an isolation period under droplet and contact precautions for specific residents. The purpose was to mitigate the potential risk related to variants of concern (VOC) and the potential for incubating COVID-19 infection. Effective May 4, 2021, the Directive emphasized that all LTCHs must implement and ensure ongoing compliance to the IPAC measures outlined in the Directive. This included the PHO procedure for donning/doffing personal protective equipment (PPE).

The PHO guidance documents stated that when surgical masks and eye protection were used as part of PPE for COVID-19, the front of the mask and face shield were considered contaminated. All PPE was to be removed after use including cleaning the reusable face shield and doffing the surgical mask. Hand hygiene was to be completed as part of the donning and doffing PPE procedure.

At the time of inspection there were four residents who required droplet and contact precautions related to COVID-19.

Observations of PPE use showed the following:

Two resident's were under droplet/contact precautions in a shared room for COVID-19 symptom monitoring. A PSW donned PPE without completing hand hygiene before entering their room. They were within two meters of both residents and in contact with their trays and items. The PSW did not remove the resident trays in priority of risk. The PSW removed their gloves between the residents prior to finishing the task without completing hand hygiene and donning new gloves. In addition, hand hygiene, wiping their face shield and doffing their surgical mask was not completed when the PSW exited the residents' room.

A resident was under droplet/contact precautions. A PSW entered the room without a gown and gloves. They did not change their surgical mask or wipe their face shield on exit of the resident's room. The same PSW re-entered the resident's room. The PSW was within two meters of the resident and in contact with their tray and items. They did not wipe their face shield or change their surgical mask when exiting the room. The PSW re-entered the resident's room and on exit they did not complete hand hygiene, wipe their face shield or doff their surgical mask. The PSW said their face shield should have been wiped on exit. They also agreed that surgical masks should be changed for this resident.

A resident was under droplet/contact precautions. A RPN was within two meters of the resident dispensing medications and assisting with their lunch meal items. The staff member did not wipe their face shield or doff their surgical mask on exit of the resident's room. The RPN was aware of the correct PPE use for the resident and agreed that they did not follow the correct doffing procedure. The RPN and two registered staff said doffing surgical masks for residents under droplet/contact isolation was not currently implemented at the home.

Two PSWs provided direct care for a resident and did not wipe their re-usable face shields after exiting the room. In addition, one PSW did not change their surgical mask on exit from the room. The same PSW doffed their surgical mask underneath their re-usable face shield, without wiping their shield on exit from a resident's room. They immediately entered a non droplet/contact resident room. The PSW agreed that they should have wiped their face shield and changed their surgical mask.

The home’s doffing procedure contained in the home’s IPAC policies and PHO signage for the resident rooms who required droplet/contact precautions were not followed by staff in accordance with Directive #3 and PHO best practices. The DOC acknowledged that the practice of staff doffing their surgical masks for resident's that required COVID-19 isolation had not been implemented at the home. On a later date this practice was implemented, but was not followed by multiple staff over two dates. The DOC acknowledged that face shields should be wiped when staff doffed their PPE on exit of the resident's rooms.

PH representatives stated that the PHO doffing procedure should be followed regarding droplet/contact precautions for specific residents. The home did not consult PH nor receive any guidance from PH that differed from Directive #3 and PHO best practices regarding PPE use.

The failure in not implementing PPE practices in accordance with Directive #3 and PH best practice was a potential risk for residents and staff for contracting COVID-19.

Sources: multiple observations of PPE use; four residents progress notes, Directives #3 (May 2021), PHO donning/doffing PPE (undated), PIDAC Routine Practices and Additional Precautions in All Health Care Settings  Appendix L (November 2012), PHO Coronavirus Disease 2019 (COVID-19) Droplet and Contact Precautions Non-Acute Care Facilities (March 2020), Coronavirus Disease 2019 (COVID-19) Universal Mask Use in Health Care (February 2021); the home's donning and doffing PPE (April 2018), Management of COVID-19-Staff Roles & Responsibilities (April 2021), and PPE (February 2021) policies; interviews with multiple staff, the DOC and two PH representatives.

***Additional Required Actions:***

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**Issued on this 22nd day of June, 2021**

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

**Original report signed by the inspector.**

Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

## Ordre(s) de l’inspecteur

Aux termes de l’article 153 et/ou de l’article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

**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**

## Public Copy/Copie du rapport public

| | |
|---|---|
| **Name of Inspector (ID #) / Nom de l’inspecteur (No) :** | SHERRI COOK (633) |
| **Inspection No. / No de l’inspection :** | 2021_610633_0011 |
| **Log No. / No de registre :** | 004465-21 |
| **Type of Inspection / Genre d’inspection:** | Critical Incident System |
| **Report Date(s) / Date(s) du Rapport :** | Jun 8, 2021 |
| **Licensee / Titulaire de permis :** | Caressant-Care Nursing and Retirement Homes Limited<br>264 Norwich Avenue, Woodstock, ON, N4S-3V9 |
| **LTC Home / Foyer de SLD :** | Cambridge Country Manor<br>3680 Speedsville Road, R.R. #1, Cambridge, ON, N3H-4R6 |
| **Name of Administrator / Nom de l’administratrice ou de l’administrateur :** | Heather Richardson |

To Caressant-Care Nursing and Retirement Homes Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

## Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

## Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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**Order # / No d'ordre :** 001

**Order Type / Genre d'ordre :** Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

**Order / Ordre :**

The licensee must be compliant with s. 229 (4) of O. Reg. 79/10.

Specifically, the licensee must ensure that:

1) All staff don and doff personal protective equipment (PPE) in accordance with Directive #3 and Public Health Ontario (PHO) best practices for residents that require droplet/contact precautions.

2) A designated individual(s) conducts, at minimum, three daily audits on each resident home area (RHA) on every shift to ensure compliance with hand hygiene and PPE usage as per Directive #3 and PHO best practices. The audits should continue for as long as PPE usage is included in Directive #3, and for the duration of the COVID-19 pandemic. The date of the audit, the person responsible, and the actions taken if any must be documented.

**Grounds / Motifs :**

1. The licensee failed to ensure that all staff participated in the implementation of the home's required COVID-19 Infection Prevention and Control (IPAC) measures and Public Health Ontario (PHO) best practices. Droplet/contact precautions for residents that required COVID-19 isolation precautions were not implemented and followed in accordance with Directive #3.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

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(LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. A requirement was made for LTCHs to implement an isolation period under droplet and contact precautions for specific residents. The purpose was to mitigate the potential risk related to variants of concern (VOC) and the potential for incubating COVID-19 infection. Effective May 4, 2021, the Directive emphasized that all LTCHs must implement and ensure ongoing compliance to the IPAC measures outlined in the Directive. This included the PHO procedure for donning/doffing personal protective equipment (PPE).

The PHO guidance documents stated that when surgical masks and eye protection were used as part of PPE for COVID-19, the front of the mask and face shield were considered contaminated. All PPE was to be removed after use including cleaning the reusable face shield and doffing the surgical mask. Hand hygiene was to be completed as part of the donning and doffing PPE procedure.

At the time of inspection there were four residents who required droplet and contact precautions related to COVID-19.

Observations of PPE use showed the following:

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The home's doffing procedure contained in the home's IPAC policies and PHO signage for the resident rooms who required droplet/contact precautions were not followed by staff in accordance with Directive #3 and PHO best practices. The DOC acknowledged that the practice of staff doffing their surgical masks for resident's that required COVID-19 isolation had not been implemented at the home. On a later date this practice was implemented, but was not followed by multiple staff over two dates. The DOC acknowledged that face shields should be wiped when staff doffed their PPE on exit of the resident's rooms.

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The failure in not implementing PPE practices in accordance with Directive #3 and PH best practice was a potential risk for residents and staff for contracting COVID-19.

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An order was made by taking the following factors into account:

Severity: The licensee not ensuring that staff followed droplet and contact precautions in accordance with Directive #3 and PHO best practices was a minimal risk for all residents and staff for contracting COVID-19.
Scope: This non-compliance was widespread as four of four residents reviewed were impacted.
Compliance History: The home had a voluntary plan of correction (VPC) issued to the same section of this legislation in the past 36 months.

(633)

**This order must be complied with by /**
**Vous devez vous conformer à cet ordre d'ici le :** Jun 15, 2021

## REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

## RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON  M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

**Issued on this 8th day of June, 2021**

**Signature of Inspector /**
**Signature de l'inspecteur :**

**Name of Inspector /**
**Nom de l'inspecteur :** Sherri Cook

**Service Area Office /**
**Bureau régional de services :** Central West Service Area Office