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

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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
Sep 27, 2021	2021_886630_0029	009538-21	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

Caressant Care on Bonnie Place
15 Bonnie Place St Thomas ON N5R 5T8

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

AMIE GIBBS-WARD (630)

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): September 16, 17, 20 and 21, 2021.

The following Critical Incident (CI) intakes were completed within this inspection:

Related to medication administration: Log #009538-21 / CI 2730-000016-21

An Infection Prevention and Control (IPAC) as well as Cooling Requirements and Air Temperature inspection was also completed.

Inspector #691935 (Stephanie Morrison) was also present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the interim Director of Care (DOC)/Infection Prevention and Control (IPAC) Program Lead, a Public Health IPAC Nurse, Caressant Care Clinical Practice Lead, an Environmental Services Worker, a Registered Nurse (RN), a Registered Practical Nurse (RPN), a Housekeeper, Personal Support Workers (PSWs) and residents.

The inspectors also observed resident rooms and common areas, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records and plans of care for identified residents, reviewed COVID-19 Directive #3 for Long-Term Care Homes and reviewed relevant policies and procedures of the home.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Medication
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

- **3 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. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that no drug was administered to a specific resident in the home unless the drug had been prescribed.

A registered staff member gave medication to a resident that were prescribed for a different resident. The staff member did not confirm the resident's identity by checking with another staff member before administering medications.

The resident's physician was notified of the medication error and they assessed the resident shortly after the error was identified. The physician's assessment found adverse drug reactions, but that the resident did not show signs of clinical intolerance to these drug reactions.

The home's medication incident investigation determined this was an "identifier" error. The home's medication administration policy required staff to identify residents with two identifiers such as a photo, arm band, or other staff when administering medications. This medication error placed the resident at risk for adverse health outcomes.

Sources: Critical Incident System (CIS) report; Medication Incident - Final Report; resident's progress notes and other clinical records; the home's policy titled "The Medication Pass" last revised April 2021; interviews with RN and other staff. [s. 131. (1)]

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 no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident, 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. (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 :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control (IPAC) program related to the use of personal protective equipment (PPE) and hand hygiene (HH).

A resident had a contact precaution sign outside their room. A staff member donned a gown and gloves, removed their universal mask placing it on top of the PPE caddie, applied a new mask with eye protection and then went into the resident's personal space. They did not complete HH between touching the potentially soiled universal mask and the new mask.

There were two rooms with multiple residents on isolation with droplet/contact precautions. Multiple staff and a visitor were observed entering the residents' rooms, providing care or touching the residents' environments and exiting the rooms, without following the required practices for donning and doffing PPE and HH. Staff and the visitor did not consistently complete HH prior to touching the gowns, after removing their universal mask and then touching other PPE or after removing potentially contaminated gloves and touching new gloves. Staff did not consistently change PPE between residents in a shared room.

The long-term care home's IPAC program included requirements for staff to perform HH prior to donning PPE and after doffing potentially soiled PPE. The program also required staff to discard their universal mask prior to donning a new mask. The program specified that PPE would be changed and HH performed when moving from one resident to another in a shared room, when residents were on droplet/contact precautions. Signage was posted on the wall outside the residents' rooms with the expected process for donning and doffing PPE, however this did not include guidance for doffing the universal mask. The Public Health Unit (PHU) Nurse said improper hand hygiene and donning/doffing of PPE could increase the risk for spread of infection within that room or for staff to become infected.

Sources: Observations; residents' progress notes and other resident records; the home's Personal Protective Equipment (PPE) policy last revised February 2021; interview with PHU Nurse; interviews with the DOC and other staff. [s. 229. (4)]

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 all staff participate in the implementation of the program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature

Specifically failed to comply with the following:

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

The licensee has failed to ensure that air temperatures were documented in writing at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night in at least two resident bedrooms in different parts of the home and every designated cooling area.

The home did not have central air conditioning throughout the resident hallways and common areas. There was a process in place for staff to check and document the air temperatures in two resident rooms and the three designated cooling areas of the home three times per day. A review of the "Ambient AIR Temperature Log" found incomplete documentation. During this time period there was 11 missing temperatures for resident rooms and 136 missing temperatures for the designated cooling areas. The Executive Director (ED) and Interim Director of care (DOC) said they were aware of the legislative requirements and were working to ensure all staff were aware of their responsibilities for measuring and documenting the temperatures. There was no identified harm to residents related to this lack of documented temperature monitoring.

Sources: "Ambient AIR Temperature Log"; interviews with the ED and other staff. . [s. 21. (3)]

Issued on this 28th day of September, 2021

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

Original report signed by the inspector.