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 9, 2021	2021_906687_0002	011620-21, 011892-21	Critical Incident System

Licensee/Titulaire de permis

The Board of Management for the District of Nipissing East
400 Olive Street North Bay ON P1B 6J4

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

Cassellholme
400 Olive Street North Bay ON P1B 6J4

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

LOVIRIZA CALUZA (687), TIFFANY BOUCHER (543)

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): August 9-13 and August 17-20, 2021.

- One intake regarding a fall incident that resulted in an injury, and

- One intake related to unexpected death.

A Complaint Inspection #2021_906687_0003 and a Follow-up (FU) Inspection #2021_906687_0004 were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Operations, Director of Care (DOC), Manager of Clinical Services, Infection Prevention and Control (IPAC) Manager, Nutrition and Food Service Manager, Dietary Coordinator, Registered Dietitian, Maintenance Coordinator, Registered Practical Nurse (RPN) Lead, Skin & Wound Lead, Unit Manager, Physician, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Resident Care Navigator, Food Service Workers (FSWs), Personal Support Workers (PSWs), Housekeepers, Staff Schedulers, COVID 19 Screeners, residents and family members.

The Inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents, observed staff to resident interactions, observed staff and residents Infection Prevention and Control (IPAC) practices, reviewed resident's health records, reviewed the Best Practices for Hand Hygiene in All Care Settings, 4th Edition from the Provincial Infectious Diseases Advisory Committee (PIDAC), staffing schedules, internal investigations and the home's policies and procedures.

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

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that, where the Act or this Regulation required the licensee of a long-term care home to have, institute, or otherwise put in place any system, the system was complied with.

In accordance to the Long-Term Care Home's Act, 2007, s 11(1) requires the home to have an organized program of nutrition care and dietary services. O. Reg. 79/10, s 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services.

Specifically, staff did not comply with the licensee's policy regarding "Meal Hours & Distribution", last revised July 2020.

In an observation conducted in two separate dining rooms, the actual meal service was delayed 22-minutes and 30-minutes respectively.

During interviews with staff members and residents, they stated that the meal service was served late. The Nutrition and Food Service Manager stated that this delay can potentially pose a risk to residents with certain medical condition.

Sources: Dining room observations; interview with three residents, the Nutrition and Food Service Manager and other staff members. [s. 8. (1) (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 where the Act or this Regulation require the licensee of a long-term care home to have, institute, or otherwise put in place any system, the system was complied with, 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 Personal Protective Equipment (PPE) when providing personal care to a resident, who was identified with additional precautions.

The Inspector observed signage on a resident's door which indicated additional precautions. A PSW was observed to have touched resident’s personal articles and subsequently performed personal care without the appropriate PPE.

The home's policy indicated that additional precautions were required when providing care to residents with a confirmed infection.

Interviews with staff members indicated that they were to use the necessary PPE as indicated on the signage for additional precautions for this resident. Failure to use the necessary PPE would pose risk of disease transmission to other residents.

Sources: Inspector observations, review of the home’s policy, review of a resident's laboratory result and their care plan, interview with the IPAC Manager and other staff members.

2. The licensee has failed to ensure that staff members offered residents hand hygiene before and after meal service.

Observations were conducted on three separate DR and the Inspector had identified that staff members did not offer hand hygiene to residents before and/or after a meal service.

The home's policy indicated that hand hygiene must be done before handling or eating food and whenever the hands appear soiled, and after touching soiled/contaminated objects.

During interviews with staff members they stated that residents were supposed to be offered with hand hygiene before and after meal service to prevent potential transmission of any infection between residents in a congregated setting like the DR.

Sources: Inspector observations; review of the home’s policy titled “Hand Hygiene Procedure” revised date July 2020; review of the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition; interview with residents, the IPAC Manager and other staff members. [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 staff participate in the implementation of the IPAC program, to be implemented voluntarily.

Issued on this 16th day of September, 2021

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

Original report signed by the inspector.