

**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**London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300**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
Dec 13, 2021	2021_961243_0006	013776-21, 016732- 21, 017854-21	Critical Incident System

Licensee/Titulaire de permisThe Corporation of the City of London
355 Wellington St, 2nd Floor, Suit 248 London ON N6A 3N7**Long-Term Care Home/Foyer de soins de longue durée**Dearness Home for Senior Citizens
710 Southdale Road East London ON N6E 1R8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ANGELA FINLAY (705243), CHRISTINA LEGOUFFE (730), JULIE LAMPMAN (522)

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): December 1, 2, 3, 6, 7, and 8, 2021.

**The following Critical Incident (CI) intakes were completed within this inspection:
Log #017854-21/ CI #M514-000015-21, related to medication;
Log #016732-21/ CI #M514-000013-21, related to falls prevention and management;
Log #013776-21/ CI #M514-000009-21, related to an unexpected death;
An Infection Prevention and Control (IPAC) inspection was also completed.**

Complaint inspection #2021_961243_0007 was completed concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Assistant Directors of Care (ADOCs), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), the Scheduler, a Housekeeper, a Public Health Nurse, Screeners, and a resident.

The inspectors also made observations, and reviewed health records, policies, and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the IPAC program had been updated to reflect the personal protective equipment (PPE) required for screeners in accordance with evidence-based practices.

During the inspection, the inspectors observed the screeners completing active screening without the use of a physical barrier, were not maintaining two meters distance from individuals entering the building, and the only PPE they were wearing were face masks. One of the screeners was wearing a non-medical face mask.

On a review of the home's IPAC policy, there were no screener specific PPE requirements.

Public Health Ontario's document titled, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes" revised August 2021, stated, "a screener should be behind a physical barrier, such as a polycarbonate sheet or keep a distance of two meters. If this is not possible, the screener is required to wear personal protective equipment (PPE) per Droplet and Contact precautions." This document also stated, "all HCWs, other staff and essential visitors must wear a medical (surgical/procedure mask) for the duration of their shift or visit inside."

A Public Health Nurse stated that it was recommended to follow Public Health Ontario's document, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes." They also stated that all staff, including screeners, were expected to wear a medical mask at all times, including when in the front entrance vestibule, with no exceptions.

There was a risk to the residents as a result of the IPAC program not being updated and the screeners not wearing the required PPE in accordance with evidence-based practices.

Sources: Observations, Interview with a Public Health Nurse, and Public Health Ontario's, "Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes." [s. 229. (2) (d)]

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 the infection prevention and control program has been updated to reflect the personal protective equipment (PPE) required for screeners in accordance with evidence-based practices, to be implemented voluntarily.

Issued on this 16th day of December, 2021

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

Original report signed by the inspector.