

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: December 13, 2022	
Inspection Number: 2022-1606-0001	
Inspection Type: Critical Incident System	
Licensee: The Regional Municipality of Niagara	
Long Term Care Home and City: Deer Park Villa, Grimsby	
Lead Inspector Nishy Francis (740873)	Inspector Digital Signature
Additional Inspector(s) Jobby James (694267) was present for this inspection. Ruzica Subotic-Howell (758) was present for part of this inspection.	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): November 30, December 1 - 2, and 5, 2022</p> <p>The following intake was inspected: Log #00005706 related to falls prevention and management.</p>
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The following **Inspection Protocols** were used during this inspection:

- Falls Prevention and Management
- Infection Prevention and Control
- Staffing, Training and Care Standards

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

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NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2).

Non-compliance with: O. Reg. 246/22 s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) the appropriate selection, application, removal, and disposal of Personal Protective Equipment (PPE).

Rationale and Summary

Observation of the second-floor hallway indicated resident rooms in additional precautions which required staff to wear PPE. A waste receptacle was not present inside of the identified rooms or inside the resident bathrooms to easily dispose of PPE. A personal support worker (PSW) confirmed a waste receptacle was required to dispose PPE and this was indicated to the director of care (DOC). The DOC acknowledged the rooms did not have a disposal method and arranged for waste receptacles to be positioned near the exit inside of the identified rooms. This non-compliance was identified as having low risk to the resident and was remedied during the inspection.

Sources: Initial observations; interview with PSW, and the DOC.

Date Remedy Implemented: December 2, 2022. [740873]

WRITTEN NOTIFICATION: MINISTER'S DIRECTIVE

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that where the Act required the licensee of a long-term care home to carry out every operational or policy Minister's Directive that applies to the long-term care home, the operational or policy Minister's Directive was complied with.

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Rationale and Summary

In accordance with the Minister's Directive, COVID-19 Guidance Document for Long Term Care homes in Ontario, the licensee was required to conduct IPAC self-audits. At minimum, the home must include in their audit Public Health Ontario's (PHO) COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.

Record review of the home's IPAC self-audits indicated the home used an outdated version of PHO's COVID-19: Self-Assessment Audit Tool to complete IPAC audits. The outdated tool did not contain subsection 8.10, regarding waste receptacles positioned near the exit inside of the resident room to discard PPE. Observations indicated resident rooms did not have waste receptacles to dispose PPE when additional precautions were required. The DOC confirmed the home was using an outdated IPAC self-audit tool.

When the home completed an outdated COVID-19: Self-Assessment Audit tool, the home did not comply with up to date IPAC practices.

Sources: Interview with the DOC; record review of IPAC self-audit tool; email communication from the Director to the sector dated June 29, 2022 titled New: June 29, 2022 - Updated Ministry of Health COVID-19 related documents. [740873]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 23 (2) (a)

The licensee has failed to ensure the IPAC program includes evidence-based policies and procedures.

Rationale and Summary

Observations of the first and second-floor hallways indicated PPE carts outside resident rooms contained masks with visors attached. A registered staff and a PSW confirmed staff used masks with visors for eye protection when direct care was provided to residents who required Droplet Contact precautions.

Review of the home's policy with subject title: Personal Protective Equipment, revised March 15, 2022, indicated eye protection included mask with visor to protect the eye when care activity was likely to generate droplets.

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The document titled Infection Prevention and Control for Long-Term Care Homes Summary of Key Principles and Best Practices, December 2020, as referenced in the Minister's Directive, COVID-19 Guidance Document for Long Term Care homes in Ontario, stated examples of eyewear (goggles and face shields).

When PPE was not utilized according to evidence-based policies and procedures, the staff and residents were at risk of transmission of infection.

Sources: Initial observations; interviews with registered staff, and PSW; record review of the home's policy titled Personal Protective Equipment, last revised March 15, 2022. [740873]

WRITTEN NOTIFICATION: DIRECTOR OF NURSING AND PERSONAL CARE

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 250 (1) 4.

The licensee has failed to ensure that in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, the Director of Care works regularly in that position on site for at least 24 hours per week.

Rationale and Summary

The DOC job description confirmed they worked in the DOC role and in the IPAC lead role. Interview with the DOC confirmed the same. The home's Resident Listing Report indicated 40 occupied long term care beds. The home had licensed capacity of 40 beds, which required the DOC to work at least 24 hours a week in the DOC role. The administrator acknowledged the hours worked by the DOC did not meet the required hours for a home with licensed bed capacity of 40 beds.

Sources: Record review of Deer Park Villa: Long Term Care Home Resident Listing Report, Niagara Region Job Description Director Resident Care/IPAC Program Manager Community Services; Interview with Administrator, DOC, and email communication with District Manager. [740873]