

# Inspection Report Under the Fixing Long-Term Care Act, 2021

#### Ministry of Long-Term Care

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

#### **Central West Service Area Office**

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8 Telephone: (888) 432-7901 central.west.sao@ontario.ca

# **Original Public Report**

Report Issue Date: October 5, 2022

Inspection Number: 2022-1053-0001

Inspection Type:

Critical Incident System

Licensee: Derbecker's Heritage House Limited

Long Term Care Home and City: Derbecker's Heritage House, St Jacobs

Lead Inspector Sharon Perry (155) Inspector Digital Signature

#### Additional Inspector(s)

Alicia Campbell (741126) Jessica Bertrand (722374)

# **INSPECTION SUMMARY**

The Inspection occurred on the following date(s): September 27 – 30, 2022.

The following intake(s) were inspected:

- Intake: #00001546 related to injury of unknown cause.
- Intake: #00007199 related to a fall resulting in injury.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services Falls Prevention and Management Infection Prevention and Control

# **INSPECTION RESULTS**



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# 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.

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

FLTCA, 2021, s. 6 (10) (b)

The licensee failed to ensure that a resident's plan of care was revised when the resident's care needs changed, and the care set out in the plan of care was no longer necessary.

A resident's care plan indicated that the resident was to be resting and not up in a chair. The resident was observed sitting in a chair.

During the inspection the resident's care plan was updated to indicate that the resident was able to be up sitting in a chair.

Sources: resident's clinical health records, observations of resident and interview with RN.

Date Remedy Implemented: September 29, 2022 [741126]

# WRITTEN NOTIFICATION: Directives by Minister

#### 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 the Minister's Directive: COVID-19 response measures for LTCHs was carried out in the home.

#### Rationale and Summary

The Minister's Directive COVID-19 response measures for LTCHs required licensees to ensure that measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of a COVID-19 Outbreak Preparedness Plan. This plan must include at a minimum must include conduction regular IPAC audits in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario. The document indicates that homes must complete IPAC audits every two weeks unless in outbreak. When a home is in outbreak IPAC audits must be



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completed weekly.

Review of the completed COVID-19: Self -Assessment Audit Tool for Long-term Care Homes and Retirement Homes published July 2022, showed that these audits were not completed weekly when the home was in outbreak in August 2022. These audits were not completed every two weeks in July 2022 and September 2022 when the home was not in outbreak.

Failure to complete the required audits put residents, staff and visitors at potential risk when gaps in the homes infection control practices may not have been identified.

Sources: Completed Public Health Ontario COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes, CIS 2134-000002-22, and interview with Administrator of Nursing. [155]