

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: December 4, 2023	
Inspection Number: 2023-1053-0005	
Inspection Type: Critical Incident Follow up	
Licensee: Derbecker's Heritage House Limited	
Long Term Care Home and City: Derbecker's Heritage House, St Jacobs	
Lead Inspector Kaitlyn Puklicz (000685)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 20-23, 2023

The following intake(s) were inspected:

- Intake: #00097339 - related to Infection Prevention and Control (IPAC)
- Intake: #00097897 - Follow-up #: 1 - O. Reg. 246/22 - s. 161 (2) (b)
- Intake: #00100452 - related to a resident fall resulting in change of status

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) was found to be in compliance:

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Order #001 from Inspection #2023-1053-0004 related to O. Reg. 246/22, s. 161 (2)
(b) inspected by Kaitlyn Puklicz (000685)

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management
Admission, Absences and Discharge

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.

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

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The licensee has failed to ensure that all staff participated in the home's infection prevention and control (IPAC) program.

Rationale and Summary

On Nov 20, 2023, a PSW was observed using two mechanical lifts without disinfecting immediately after use. The PSW left both lifts unattended in the hallway while completing other duties.

The home's shared resident care equipment policy, revised Oct 2023, states that staff will ensure shared resident care equipment is cleaned/disinfected between each use.

The IPAC lead #102 stated when a mechanical lift is used by a staff, it should be disinfected as soon as possible. They stated that a used mechanical lift should not be left unattended in a hallway for over 20 minutes, as there is risk that another staff member could use it with another resident.

The PSW later returned to clean both lifts and the inspector did not observe either lift being used by another staff member or resident in the meantime.

In addition, the IPAC lead took the initiative to provide staff education on shared resident care equipment disinfection practices to ensure all staff were aware of the expectations.

Sources: Observations, the home's Shared resident care equipment policy (revised Oct 2023), and interview with IPAC lead ##102.

[000685]

Date Remedy Implemented: November 21, 2023