Ontario

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 31, 2024	
Inspection Number: 2024-1179-0002	
Inspection Type: Complaint Critical Incident	
Licensee: Rural Healthcare Innovations Inc.	
Long Term Care Home and City: Dundas Manor Nursing Home, Winchester	
Lead Inspector Gurpreet Gill (705004)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 30, 2024 and May 1, 2, 3, 7, 8, 2024

The following intake(s) were inspected:

- Intake: #00110652 [CI:2674-000007-24] related to ARI-COVID-19 - outbreak declare
- Intake: #00112898: complaint related to air quality, staffing and care and services.
- Intake: #00113129: complaint related to staffing and care and services.
- Intake: #00113572 [CI:2674-000012-24] related to a fall incident that caused injury to a resident and a significant change in condition

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Housekeeping, Laundry and Maintenance Services
Medication Management
Infection Prevention and Control
Staffing, Training and Care Standards
Falls Prevention and Management

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 #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246 / 22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246 / 22, s. 102 (2).

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control (IPAC), specifically related to posting signage throughout the home that lists the sign and symptoms of infectious diseases for self-monitoring as is required by additional screening requirements 11.6 under the IPAC Standard.

Rationale and Summary

During an initial tour on day in April 2024, Inspector observed that there was no signage posted throughout the home indicating the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

On the next day the IPAC lead indicated that they have posted at the entrance door but not throughout the home.

Eight days later, when Inspector inquired about the signage throughout the home, the IPAC lead indicated that they would be posting right now. Inspector observed that signage for signs and symptoms of infectious diseases posted throughout the home

There was no impact and low risk to the resident as the signage were posted throughout the home as soon as the licensee was aware of the non-compliance.

Sources: Interview with IPAC lead and observations made by the Inspector. [705004]

Date Remedy Implemented: May 8, 2024

WRITTEN NOTIFICATION: Security of drug supply

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 139 1.
Security of drug supply

s. 139. Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:
1. All areas where drugs are stored shall be kept locked at all times, when not in use.

The licensee has failed to ensure that all areas where drugs are stored were kept locked at all times, when not in use.

Rationale and Summary

On a day in May 2024, Inspector observed that the medication room door in a specified home area was propped open without registered staff present. The medication room door was left open by using a string, that was wrapped around the doorknob, with the other end attached to the wall. Residents and other staff members were observed in the area near the medication room.

When a Registered Nurse (RN) retuned to the medication room, they indicated that they were administering medication to a resident in their room. Furthermore, the RN indicated that they were supposed to close the medication door. The Director of Care (DOC) indicated that the medication room door should always be locked unless registered staff are in the medication room and near the medication room.

Failure to ensure that the medication room door was locked when not in use increased risk of unauthorized access to medications.

Sources: Observations and interviews with identified staff members. [705004]

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246 / 22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
A) Educate all Personal Support Workers (PSWs), Resident Assistant (RA) and Registered staff working on unit "Downstairs" including full-time, part-time and casual basis staff on staff hand hygiene requirements, as per evidence based best practice standards.
B) Perform audits to ensure that staff are following the licensee's Infection Prevention and Control Program with regards to: Hand Hygiene. Conduct at a minimum, three times a week audits on each resident home area. Audits to be completed on separate days, alternating between different meals and different units. The audits are to be conducted until consistent compliance to the Infection Prevention and Control Program described above is demonstrated.
C) Take corrective actions to address staff non-compliance related to hand hygiene as identified in the audits.
D) Keep written records of everything required under steps (A), (B), and (C) of this compliance order, and must include; a copy of the education provided, those who attended with dates / times, as well as the name of the person who provided the

education, a copy of the audits completed, as well as the name of the person who completed the audits, the dates and times of the audits, the unit and meal that was audited and any corrective action that was taken if deviation was identified during the audits. The written records of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

Grounds

The licensee has failed to ensure that Infection Prevention and Control (IPAC)standard issued by the Director was followed by staff related to hand hygiene as required by Routine Practices. Specifically, the licensee did not ensure that Routine Practices included at a minimum, hand hygiene at the four moments of hand hygiene, as is required by Additional Requirement 9.1 (b) of the IPAC Standard

On a day in April 2024, Inspector observed that a Resident Assistant (RA) bought a resident in their wheelchair to a specified home area's dining room and positioned their wheelchair near the table, applied a clothes protector, and then walked down the hall. The RA did not perform hand hygiene after contact with the resident.

Subsequently, the RA brought another resident in a wheelchair, who was outside of dining room, into a specified home area's dining room and positioned their wheelchair at the table. The RA then adjusted another resident's blanket and wheelchair. Afterwards, the RA walked out of the dining room without performing hand hygiene before and after touching residents and their wheelchairs.

The RA served a drink to a resident and adjusted their clothes protector. Subsequently adjusted another resident's wheelchair and proceeded to the cart, poured two glasses of milk, and served them to two different residents. The RA did not perform hand hygiene before and after touching residents and their wheelchairs and before serving drinks.

Inspector observed that a Personal Support Worker (PSW) applied a clothes protector to three residents who were sitting in the hallway, then proceeded to the fourth resident and applied a clothes protector to a resident after asking them. Subsequently, the PSW applied a clothes protector to a fifth resident who was in the specified home area's dining room and then took a wet towel from the cart and went into another specified dining room. The PSW did not perform hand hygiene between coming into contact with multiple residents while their hands were touching residents' wheelchairs, residents' hair and neck.

During an interview with the RA, they indicated that they supposed to wash their hands between residents. The Infection Prevention and Control (IPAC) lead indicated that hand hygiene must be done according to the five moments of hand hygiene, before and after contact with the resident or resident's environment, their belongings and with any object.

As such, a lack of hand hygiene and failure to follow the five moments for hand hygiene between resident interactions could increase the risk of infection transmission among residents and staff.

Sources: Observations made by the inspector and interviews with identified staff members. [705004]

This order must be complied with by July 8, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe Licensee has the right to request a review by the Director of this (these) Order(s) and / or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and / or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.