Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	KELLY-JEAN SCHIENBEIN (158)
Inspection No. / No de l'inspection :	2011_056158_0016
Type of Inspection / Genre d'inspection:	Complaint
Date of Inspection / Date de l'inspection :	Oct 24, 25, 26, 27, 2011; Jan 6, 9, 12, 13, 23, 2012
Licensee / Titulaire de permis :	EXTENDICARE NORTHWESTERN ONTARIO INC 333 York Street, SUDBURY, ON, P3E-4S4
LTC Home / Foyer de SLD :	EXTENDICARE FALCONBRIDGE 281 FALCONBRIDGE ROAD, SUDBURY, ON, P3A-5K4
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	JAMES R. FOREMAN

To EXTENDICARE NORTHWESTERN ONTARIO INC, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Order / Ordre :

The licensee shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff is on duty and present in the home at all times except as provided for in the regulations.

Grounds / Motifs :

1. A registered nurse who is an employee of the licensee and a member of the regular nursing staff was not on duty or present at all times.
The Registered Nurses staffing schedules from July 25/11 to October 28/11 was reviewed on October 28/11.
A RN was not on duty or present at all times from 2330h to 0730h on July 29, 30, 31 and August 2/11.
A RN was not on duty or present at all times from 2330h to 0730h on August 8, 9, 10, 19, and August 20/11.
A RN was not on duty or present at all times from 2330h to 0730h on August 26, 27, August 30 and September 3/11.
A RN was not on duty or present at all times from 1530h to 0730h on September 2/11.
A RN was not on duty or present at all times from 2330h to 0730h on September 19, 20, 22, 23, 24, 25, 26, 29, 30, October 1/11 and October 2/11.
A RN was not on duty or present at all times from 1530h to 0730h on October 4/11.
A RN was not on duty or present at all times from 2330h to 0730h on October 5, October 8 and October 9/11.
A RN was not on duty or present at all times from 1530h to 2330h on October 18, and from 2330h to 0730h on October 20, and October 23/11. (158)
2. A registered nurse who is an employee of the licensee and a member of the regular nursing staff was not on duty or present at all times.
An incident of resident to resident emotional abuse was reported to the Ministry of Health and Long Term Care (MOHLTC). A resident's progress notes identified the incident whereby, a resident was observed by a PSW to lean over their roommate laying in bed and utter death threats. The resident continued to utter threats to the roommate and approximately four hours later, the resident became physically aggressive to staff when the staff attempted to keep the resident's bedroom door open so observation of both residents could be done. The staffing schedule of the Registered staff working on the day of this i resident to resident abuse incident was reviewed by the inspector on Oct 27/11. The schedule identified that there was no Registered nurse working the evening shift (1530h - 2330h). A RPN who was designated as "charge" was working. (158)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : ~~Feb 13, 2012~~ amended on Feb 14/12 E.
date is March 30/12

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

and the

Director

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

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

Ontario

Ministry of Health and Long-Term Care

Order(s) of the Inspector
Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ministére de la Santé et des Soins de longue durée

Ordre(s) de l'inspecteur
Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le titulaire de permis souhaite que le directeur examine;
c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 23rd day of January, 2012

Signature of Inspector / Signature de l'inspecteur : Schienbein

Name of Inspector / Nom de l'inspecteur : KELLY-JEAN SCHIENBEIN

Service Area Office / Bureau régional de services : Sudbury Service Area Office

Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch
Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 24, 25, 26, 27, 2011; Jan 6, 9, 12, 13, 23, 2012	2011_056158_0016	Complaint

Licensee/Titulaire de permis

EXTENDICARE NORTHWESTERN ONTARIO INC
333 York Street, SUDBURY, ON, P3E-4S4

Long-Term Care Home/Foyer de soins de longue durée

EXTENDICARE FALCONBRIDGE
281 FALCONBRIDGE ROAD, SUDBURY, ON, P3A-5K4

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

KELLY-JEAN SCHIENBEIN (158)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), dietary aids, housekeeping staff, residents and residents' families.

During the course of the inspection, the inspector(s) reviewed residents' health care records, the home's Extended spectrum B-lactamase (ESBL) policy, the home's infection control policy, the Registered nursing staff's schedule, the home's mechanical lift/sling policy, the home's medication administration policy, observed staff providing resident care.

The following Inspection Protocols were used during this inspection:

Dining Observation

Medication

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

1. A registered nurse who is an employee of the licensee and a member of the regular nursing staff was not on duty or present at all times.
An incident of resident to resident emotional abuse was reported to the Ministry of Health and Long Term Care (MOHLTC). A resident's progress notes identified the incident whereby, a resident was observed by a PSW to lean over their roommate laying in bed and utter death threats. The resident continued to utter threats to the roommate and approximately four hours later, the resident became physically aggressive to staff when the staff attempted to keep the resident's bedroom door open so observation of both residents could be done. The staffing schedule of the Registered staff working on the day of this i resident to resident abuse incident was reviewed by the inspector on Oct 27/11. The schedule identified that there was no Registered nurse working the evening shift (1530h - 2330h). A RPN who was designated as "charge" was working.
[LTCHA 2007, R.O. 2007, c.8, s. 8 (3)]
2. A registered nurse who is an employee of the licensee and a member of the regular nursing staff was not on duty or present at all times.
The Registered Nurses staffing schedules from July 25/11 to October 28/11 was reviewed on October 28/11.
A RN was not on duty or present at all times from 2330h to 0730h on July 29, 30, 31 and August 2/11.
A RN was not on duty or present at all times from 2330h to 0730h on August 8, 9, 10, 19, and August 20/11.
A RN was not on duty or present at all times from 2330h to 0730h on August 26, 27, August 30 and September 3/11.
A RN was not on duty or present at all times from 1530h to 0730h on September 2/11.
A RN was not on duty or present at all times from 2330h to 0730h on September 19, 20, 22, 23, 24, 25, 26, 29, 30, October 1/11 and October 2/11.
A RN was not on duty or present at all times from 1530h to 0730h on October 4/11.
A RN was not on duty or present at all times from 2330h to 0730h on October 5, October 8 and October 9/11.
A RN was not on duty or present at all times from 1530h to 2330h on October 18, and from 2330h to 0730h on October 20, and October 23/11.
[LTCHA 2007, R.O. 2007, c.8, s. 8 (3)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following subsections:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
1. Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's individuality and respects the resident's dignity.
2. Every resident has the right to be protected from abuse.
3. Every resident has the right not to be neglected by the licensee or staff.
4. Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.
5. Every resident has the right to live in a safe and clean environment.
6. Every resident has the right to exercise the rights of a citizen.
7. Every resident has the right to be told who is responsible for and who is providing the resident's direct care.
8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.
9. Every resident has the right to have his or her participation in decision-making respected.
10. Every resident has the right to keep and display personal possessions, pictures and furnishings in his or her room subject to safety requirements and the rights of other residents.
11. Every resident has the right to,
i. participate fully in the development, implementation, review and revision of his or her plan of care,
ii. give or refuse consent to any treatment, care or services for which his or her consent is required by law and to be informed of the consequences of giving or refusing consent,
iii. participate fully in making any decision concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long-term care home or a secure unit and to obtain an independent opinion with regard to any of those matters, and
iv. have his or her personal health information within the meaning of the Personal Health Information Protection Act, 2004 kept confidential in accordance with that Act, and to have access to his or her records of personal health information, including his or her plan of care, in accordance with that Act.
12. Every resident has the right to receive care and assistance towards independence based on a restorative care philosophy to maximize independence to the greatest extent possible.
13. Every resident has the right not to be restrained, except in the limited circumstances provided for under this Act and subject to the requirements provided for under this Act.
14. Every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference.
15. Every resident who is dying or who is very ill has the right to have family and friends present 24 hours per day.
16. Every resident has the right to designate a person to receive information concerning any transfer or any hospitalization of the resident and to have that person receive that information immediately.
17. Every resident has the right to raise concerns or recommend changes in policies and services on behalf of himself or herself or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else,
i. the Residents' Council,
ii. the Family Council,
iii. the licensee, and, if the licensee is a corporation, the directors and officers of the corporation, and, in the case of a home approved under Part VIII, a member of the committee of management for the home under section 132 or of the board of management for the home under section 125 or 129,
iv. staff members,
v. government officials,
vi. any other person inside or outside the long-term care home.
18. Every resident has the right to form friendships and relationships and to participate in the life of the long-term care home.
19. Every resident has the right to have his or her lifestyle and choices respected.
20. Every resident has the right to participate in the Residents' Council.
21. Every resident has the right to meet privately with his or her spouse or another person in a room that assures privacy.

22. Every resident has the right to share a room with another resident according to their mutual wishes, if appropriate accommodation is available.
23. Every resident has the right to pursue social, cultural, religious, spiritual and other interests, to develop his or her potential and to be given reasonable assistance by the licensee to pursue these interests and to develop his or her potential.
24. Every resident has the right to be informed in writing of any law, rule or policy affecting services provided to the resident and of the procedures for initiating complaints.
25. Every resident has the right to manage his or her own financial affairs unless the resident lacks the legal capacity to do so.
26. Every resident has the right to be given access to protected outdoor areas in order to enjoy outdoor activity unless the physical setting makes this impossible.
27. Every resident has the right to have any friend, family member, or other person of importance to the resident attend any meeting with the licensee or the staff of the home. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The home did not ensure that a resident's right to participate in the development, implementation, review and revision of his or her plan of care was respected.
A resident's POA spoke with the inspector on Oct 27/11 regarding the home not implementing their request that one bath a week be provided to the resident. The POA identified the resident becomes agitated and physically responsive on the bath days and then becomes very sedated with the medication that is used to control the behaviour. The resident's progress notes were reviewed by the inspector and the POA's concerns and bathing request was documented. A RPN identified to the inspector on October 26/11 that the resident continues to receive two baths a week. The resident's plan of care was reviewed and identified that two baths a week are to be provided.
[LTCHA 2007, R.O. 2007, c.8, s. 3 (1)11.i.]

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 ensuring that the resident's right to participate in the development and implementation of the resident's plan of care is respected, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following subsections:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:
1. Communication of the seven-day and daily menus to residents.
2. Review, subject to compliance with subsection 71 (6), of meal and snack times by the Residents' Council.
3. Meal service in a congregate dining setting unless a resident's assessed needs indicate otherwise.
4. Monitoring of all residents during meals.
5. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs and preferences.
6. Food and fluids being served at a temperature that is both safe and palatable to the residents.
7. Sufficient time for every resident to eat at his or her own pace.
8. Course by course service of meals for each resident, unless otherwise indicated by the resident or by the resident's assessed needs.
9. Providing residents with any eating aids, assistive devices, personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.
10. Proper techniques to assist residents with eating, including safe positioning of residents who require assistance.
11. Appropriate furnishings and equipment in resident dining areas, including comfortable dining room chairs and dining room tables at an appropriate height to meet the needs of all residents and appropriate seating for staff who are assisting residents to eat. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. Proper techniques were not used to assist a resident with eating.
A PSW was observed by the inspector to feed two residents who share the same table on October 25/11. The PSW was positioned between the two residents but was at an angle and was not directly facing one of the residents being fed. The food was heaped on the utensil and the resident had difficulty taking in all the food as the food was smeared on the resident's face.
[O. Reg 79/10, s. 73 (1)10]
2. The home did not ensure that residents were provided with an assistive device, or encouragement to safely eat and drink as comfortably and independently.
The dietary list and the plan of care identified that a resident requires a large nosey cup for soup and a small nosey cup for fluids. The list also identified that another resident requires a large nosey cup for soup.
The inspector observed on October 24/11 at 1751h that the one resident was not provided with a small nosey cup to drink fluids.
The other resident who was in their room, did not receive a nosey cup for the soup delivered to the room.
Adaptive utensils were not observed by the inspector to be available on the dietary cart. a dietary aid identified that adaptive aids were available to those residents listed on the diet sheet but at times they run out of the "cups" by the third meal sitting.
On Oct. 25/11 at 1615h, the inspector observed a resident in the dining room sitting in a wheel chair which was not in a straight back position attempting to drink juice from a regular cup. There was no staff in or near the dining room. Spillage on the resident's shirt was observed as well as on their face. The ADOC who was on the unit called the kitchen for nosey cups, however, a nosey cup was not provided to the resident for fluids.
The inspector observed on October 26/11 that the staff was completing the nourishment pass at 1555h. The inspector observed that a resident was in the dining room drinking juice from a regular glass and not from the nosey cup the resident was assessed as needing. The staff was not present in the dining room to observe or assist the resident. The nourishment cart diet list was reviewed by the inspector and did stipulate that the resident is to have a small nosey cup for fluids.
[O. Reg 79/10, s. 73 (1)9]

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 ensuring proper techniques are used by staff when assisting residents with eating and that residents assessed as requiring adaptive aids when eating are provided such at meals and at nourishment passes., to be implemented voluntarily.

WN #4: 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 subsections:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee did not ensure that all staff participated in the implementation of the infection control program. The inspector observed two staff use the mechanical lift and transfer sling to transfer two residents into their perspective bed on October 24/11 and October 25/11. The transfer sling was returned to the "clean utility room" upon completion of the transfer.
Isolation signage and equipment was present outside both residents'rooms. One of the PSWs who participated in the transfer of the residents was not able to answer what type of isolation precautions were to be used when questioned by the inspector. The other PSW identified that all slings are to be returned to the "clean utility" at the end of each shift.
The ADOC confirmed on October 27/11 that one of the residents was positive for ESBL and that contact isolation precautions were in place. The ADOC also identified that the other resident's ESBL status was yet to be confirmed, however, contact isolation precautions were in place.
Another PSW caring for three other residents with ESBL was observed by the inspector to quickly rub the disinfectant hand wash located outside the resident's rooms only on the palms of the their hands.
The home's infection control policy regarding ESBL identified that " transmission of ESBL is most often by hand contact with a colonized person and then inadequate hand washing."
The policy further identified that the Registered staff are to ensure that the resident's plan of care include appropriate precautions related to ESBL and the resident care needs.
Two residents' plans of care did not identify the infection or ESBL precautions.
[O. Reg, 79/10, s. 229 (4)]

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 ensuring that staff are aware of the ESBL isolation precautions and that staff participate in the implementation of the home's infection control program, to be implemented voluntarily.

Issued on this 23rd day of January, 2012

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