

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

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775  
londondistrict.mltc@ontario.ca

## Original Public Report

<b>Report Issue Date:</b> February 2, 2023	
<b>Inspection Number:</b> 2023-1388-0002	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Extendicare (Canada) Inc.	
<b>Long Term Care Home and City:</b> Extendicare Tecumseh, Tecumseh	
<b>Lead Inspector</b> Andrea Dickinson (740895)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jennifer Bertolin (740915) Inspection Manager Tawnie Urbanski (754) was present during the inspection	

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):  
January 10-12, 2023

The following intake(s) were inspected:

- Intake: #00001148 [CI: 2904-000034-22] related to falls prevention
- Intake: #00001397 [CI: 2904-000030-22] related to falls prevention

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

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. 184 (3)

The licensee failed to comply with the Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, when they did not ensure that their disinfectant products were not expired prior to using them.

The Minister's Directive: COVID-19 response measures for long-term care homes, section 1.4 Environmental cleaning references the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control's (PIDAC-IPC) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, April 2018, which states "there should be systems in place to ensure the efficacy of the disinfectant over time (e.g. review of expiry date)."

In January 2023, a bottle of "Oxivir Plus" disinfectant with an expiration date of July 23, 2022, was observed to be in use in the wall mounted dispenser of the housekeeping closet on the Riverside unit. The same date, a bottle of "Oxivir TB" disinfectant with an expiration date of November 9, 2022, was observed in the housekeeping closet on the Oldcastle unit. The same date, two bottles of "Oxivir Plus" disinfectant, each with an expiration date of July 23, 2022, were observed to be in use in the wall mounted dispenser of the housekeeping closet on the Livingstone unit. The same date, Inspector #740915 observed two bottles of "Oxivir TB" disinfectant with an expiration date of November 9, 2022, one in use on the housekeeper's cleaning cart and one in the housekeeping closet on the Lakewood unit.

During an interview, Infection Prevention and Control Lead (IPAC) #111 observed the disinfectant products on the Livingstone unit and confirmed they were expired when they should not be.

Observations conducted by Inspector #740915 the following day, showed that the home removed and replaced the expired products that were previously in use within the home.

Sources: Observations; Interview with IPAC Lead #111.

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[740895]

Date Remedy Implemented: January 12, 2023

## **WRITTEN NOTIFICATION #001: Infection Prevention and Control**

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

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

The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program related to the correct use of personal protective equipment (PPE) for a resident.

### **Rationale and Summary**

A resident was identified as being on specific precautions with signage posted on the resident's door.

Review of the home's policy IC-03-01-07, titled "Personal Protective Equipment," last reviewed October 2020, stated "staff will use the personal protective equipment (PPE) supplied by the home properly and appropriately."

Number one under the "Procedures" section of the home's policy titled "Personal Protective Equipment" stated for all staff to "Determine which items of PPE are required by precaution signage or using a Point of Care Risk Assessment (PCRA)." The signage posted on the resident's door stated to wear two specific pieces of PPE.

Number two under the "Procedures" section of the home's "Personal Protective Equipment" policy stated for all staff to "adhere to hand hygiene principles by washing hands thoroughly with soap and water or sanitizing hands before and after removing any piece of PPE and again after leaving the resident's room."

On a specific date, a Personal Support Worker (PSW) was observed bringing a lunch tray to a resident's room who was on additional precautions. The PSW completed hand hygiene, and then inappropriately donned personal protective equipment (PPE). A specific piece of PPE was noted not to be worn. After setting the tray up in the room, the PSW incorrectly doffed their PPE performing hand hygiene at the end, and then left the area. A few minutes later, the PSW returned to the resident's room to assist them

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with their lunch. The PSW performed hand hygiene and incorrectly donned their PPE prior to entering the resident's room. A specific piece of PPE was noted not to be worn.

During an interview with the PSW, they confirmed that a specific piece of PPE was not worn when they entered the resident's room the day before, but that it was required. The PSW also stated the expectation would be to remove a specific piece of PPE prior to donning another specific piece of PPE.

During an interview with the Infection Prevention and Control Lead, the IPAC Lead confirmed this was not the expectation for proper IPAC practices regarding donning and doffing personal protective equipment (PPE).

**Sources:** Observations; the home's policy IC-03-01-07 titled "Personal Protective Equipment", last reviewed October 2020; Interviews with a PSW and the IPAC Lead.

[740895]