Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Rapport d'inspection en vertu de la Loi de 2007 sur les foyers de soins de longue durée

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 28, 2022	2022_638542_0002	018988-21, 019303-21, 001626-22, 001908-22	Complaint

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Van Daele
39 Van Daele Street Sault Ste. Marie ON P6B 4V3

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

JENNIFER LAURICELLA (542)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): January 31, 2022, February 1, 2, 3, 4 and 7, 2022.

The following intakes were inspected during this Inspection:

One intake, related to staffing and medication management;

One intake, related to a fall that resulted in an injury to a resident and,

Two Intakes, related to Infection Prevention and Control (IPAC) practices of the home.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care (ADOC)/Infection Prevention and Control (IPAC) lead, Housekeeping lead, COVID-19 surveillance assistants, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), visitors and residents.

**The inspector also conducted a daily tour of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident
interactions, observed staff and residents IPAC practices, reviewed relevant resident health records, staffing schedules, and licensee and home's policies/procedures.**

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Sufficient Staffing**

During the course of this inspection, Non-Compliances were issued.

- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende 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. 3. Residents’ Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:
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. 2007, c. 8, s. 3 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that residents had the right to receive essential caregivers of his or her choice as per Directive #3.

The COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 (LTCHA), issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, in effect, December 24, 2021, identified that homes may not restrict the length or frequency of visits by caregivers and a resident or their substitute decision-maker may change a designation in response to a change in the resident's care needs or the availability of a designated caregiver, either temporary or permanent.

A complaint was submitted to the Director indicating that the home was allowing essential caregivers to visit from Monday to Friday between 1000 – 1200 hours (hrs).

The screening staff for the home, verified that they had a list of the essential caregivers for the home and that they were only allowed to visit between 1000 – 1200 hrs, Monday to Friday.

The Administrator stated that they had not been following the Directives with regards to the essential caregivers.

There was the potential for risk of harm to the residents, specifically by the home not allowing essential caregivers to visit as per the Directives.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007 and issued under Section 77.7 of the HPPA, R.S.O. 1990, c.H.7, in effect as of December 24, 2021; interviews with the screening staff and the Administrator. [s. 3. (1) 14.]

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 to ensure that the following rights of residents are fully respected and promoted: 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, to be implemented voluntarily.

WN #2: 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:

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 has failed to ensure that staff participated in the implementation of the Infection Prevention and Control (IPAC) program, specifically related to hand hygiene, the use of Personal Protective Equipment (PPE) and conducting proper testing for COVID-19.

A complaint was submitted to the Director regarding concerns with the home's Infection Prevention and Control practices.

During an observation on a specific day in February, on a unit of the home, that was in a confirmed COVID-19 outbreak, it was observed that the signage on the wall outside of resident's room indicated that they were on "airborne precautions." The posters did not contain directions that indicated what each staff member was to don when entering the room.

The Personal Protective Equipment (PPE) containers that were adhered to the wall outside of each resident room, contained gloves and gowns and did not contain any type of masks or eye wear.

The IPAC consultant for Extendicare, verified that the home did not have the correct signage posted nor did the home have the PPE easily accessible for the staff. They further confirmed that the staff were to doff all PPE prior to exiting a COVID-19 positive room and that all staff were to be aware of which resident's were positive for COVID-19.

Inspector observed a PSW to exit a resident's room (who was positive for COVID-19) with their contaminated PPE on. The PSW proceeded to doff their PPE in the hallway. Furthermore, the PSW was observed to use the hand sanitizer for approximately 2 seconds. Inspector observed a RN leave a COVID-19 positive resident's room with no PPE on and proceeded to walk down the hall to the dining room to don their PPE.

A PSW, indicated that they were not aware of which resident on the unit was positive for COVID-19

Inspector observed another PSW exit a resident's room, wearing full PPE and doff their PPE in the hallway. Inspector asked the PSW if they were aware of which resident was positive for COVID-19 and they indicated that they did not know. They further indicated that they did not know what they were doing as this was their first time on an outbreak unit.

Inspector observed a RPN perform their own swabbing upon starting their shift. Inspector observed them to conduct the test, however they did not wait for the full 15 minutes for their results. No disinfecting of the room post test was completed. The RPN indicated that all staff perform their own swabbing and they were unsure if they all knew how to complete the antigen testing correctly.

Another PSW, indicated that all staff were performing their own testing. The PSW indicated that they really didn't receive training on how to properly perform the test, and that they waited only a couple of minutes for the test to result. A RN indicated that they had observed staff completing the test incorrectly.

The IPAC consultant from Extendicare verified that, the staff should not be completing their own testing and that they were not performing the testing accurately.

The IPAC lead at the home indicated that all staff were not trained on the proper swabbing techniques and that the home had been instructing staff to complete their own testing due to short staffing for approximately two weeks. No one was monitoring if they

were completing the test accurately. They further indicated that staff were to doff all PPE prior to leaving a resident's room and then don the PPE once they left the room.

The home's policy titled, "COVID-19 Surveillance Testing" dated January 28, 2022, indicated that rapid testing must be conducted by a designated individual who had received training in performing a rapid test. Furthermore, that the home would designate an individual to be the COVID-19 test lead who had the necessary skills, knowledge and training in performing the tests.

The home's policy titled, "COVID-19 Universal PPE Guidelines" dated December 22, 2021, indicated that for resident's that were on droplet/contact precautions, staff were to apply a new mask after each interaction with a resident and remove before exiting a resident's room. Gloves and gowns must be changed after each resident care.

Staff failing to participate in the implementation of the infection prevention and control program by not performing proper hand hygiene, doffing PPE and ensuring proper swabbing was completed may have put the residents at risk for contracting a health care associated infection in the home.

Sources: COVID-19 Directive #3 for Long-Term Care Homes under the LTCHA, 2007 and issued under Section 77.7 of the HPPA, R.S.O. 1990, c.H.7, in effect as of December 24, 2021; observations; interviews with two PSWs, an RN and RPN; home's policies, COVID-19 Surveillance Testing and COVID-19 Universal PPE Guidelines. [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 to ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 1st day of March, 2022

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

Original report signed by the inspector.