

**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**Central West Service Area Office
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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
Mar 26, 2021	2021_610633_0007	001366-21, 002721- 21, 003624-21, 003834-21	Critical Incident System

Licensee/Titulaire de permisRevera Long Term Care Inc.
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4**Long-Term Care Home/Foyer de soins de longue durée**Forest Heights
60 Westheights Drive Kitchener ON N2N 2A8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SHERRI COOK (633)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 12, 15-18, 2021.

The following critical incident (CI) intakes were completed during this inspection:

Log #'s 003834-31 and 002721-21 related to falls prevention and log #001366-21 related to medication administration.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Infection Prevention and Control (IPAC) Lead, the Resident Care Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), a Falls Program RPN, Personal Support Workers (PSWs), a housekeeper, and a Region of Waterloo Public Health representative.

The inspector observed IPAC practices at the home and reviewed the home's related IPAC documentation and policies. The plans of care for the identified residents were reviewed.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Medication

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: 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 :

The licensee has failed to ensure that staff and essential visitors participated in the implementation of the home's Infection Prevention and Control (IPAC) program.

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On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22 and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. All LTC Homes were to implement COVID-19 measures to protect all residents and staff.

The Directives, best practices and the home's IPAC policies stated that the minimum of droplet and contact precautions was to be followed by staff and essential visitors related to COVID-19. Appropriate signage was to be posted on the impacted rooms and all required PPE was to be placed at the point of care (POC) for staff/visitor access.

The information gathered during the course of this inspection showed:

-PPE breaches by staff that included three staff not disinfecting their face shields on one resident home area (RHA) after exiting resident rooms after close contact with the residents. On another RHA, a staff member did not wear the required PPE (gown/gloves) or wash their hands after entrance/contacts in multiple resident rooms. The staff member was then observed in contact with another resident and items in the hallway without washing their hands.

-A family member was observed without a gown and gloves, in close proximity to the resident and in contact with the resident's room items and environment. They did not wipe their face shield or wash their hands when they exited the room.

-All required droplet/contact PPE, including surgical masks on one RHA, were not available for staff at the POC and droplet/contact signage was not posted on the resident doors for all impacted resident rooms on two units.

At the time of inspection, eight COVID-19 negative residents resided on one RHA with the remaining residents identified as being resolved. All residents were considered as potential high risk contacts by Public Health related to one positive COVID-19 staff case. Several residents were isolated on another RHA related to atypical COVID-19 symptom monitoring and two COVID-19 negative residents resided on one of the wings. PPE breaches, the lack of appropriate signage and staff access to PPE were potential risks of

exposure and transmission of the virus to residents and staff.

Sources: Observations; the home's IPAC policies (March 2020), Directive's #1 (March 2020), #3 (December 2020), Control of Respiratory Infection Outbreaks in Long-Term Care Homes (LTCH) (2018), Ministry of Health COVID-19 Outbreak Guidance for (LTCH) Version 2 (April 2020), PHO- Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition (November 2012), Coronavirus Disease 2019 Universal Mask Use in Health Care (February 2021); interviews with multiple staff, the home's IPAC Lead and a Region of Waterloo Public Health representative.

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 staff participate in the implementation of the home's Infection Prevention and Control (IPAC) program, to be implemented voluntarily.

Issued on this 26th day of March, 2021

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

Original report signed by the inspector.