

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: September 9, 2024
Inspection Number: 2024-1424-0002
Inspection Type: Other
Licensee: Foyer Hearst - Mattice - Soins De Sante
Long Term Care Home and City: Foyer Des Pionniers, Hearst

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 27-29, 2024.

The following intake(s) were inspected:

- One intake related to a District Initiated inspection for Infection Prevention and Control (IPAC).

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

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: IPAC Hours

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 23 (4)

Infection prevention and control program

s. 23 (4) Except as provided for in the regulations, every licensee of a long-term care

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home shall ensure that the home has an infection prevention and control lead whose primary responsibility is the home's infection prevention and control program.

The licensee has failed to ensure that there was an IPAC lead, whose primary responsibility was the home's infection prevention program, working the required hours per week.

Summary and Rationale

The Director of Care (DOC) indicated that they were currently overseeing the home's infection prevention program at the home, and the IPAC hours were not being met.

Sources: Long-Term Care Home's (LTCH) website; employee files; job postings; and, interview with the DOC and Administrator.

WRITTEN NOTIFICATION: IPAC Directives

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

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 ensure that the directive issued by the Director, related to the IPAC standard, was implemented related to signage for residents on additional precautions.

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Summary and Rationale

Residents were noted to be on additional IPAC precautions, however, the signage outside the doorway did not indicate which type of isolation.

The DOC acknowledged that the IPAC signage was not current, and did not specify which type of isolation was required for the residents.

Sources: Inspector observations; interview with the DOC.

WRITTEN NOTIFICATION: Written Record

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (4) (f)

Infection prevention and control program

s. 102 (4) The licensee shall ensure,

(f) that a written record is kept relating to each evaluation under clause (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented; and

The licensee has failed to ensure that a written record was kept when the IPAC program was reviewed and evaluated.

Summary and Rationale

The DOC indicated that the home did not keep any written record when the IPAC program was reviewed and evaluated.

Sources: IPAC policies and procedures; and, interview with the DOC.

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WRITTEN NOTIFICATION: IPAC Responsibilities

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (7)

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

4. Auditing of infection prevention and control practices in the home.
5. Conducting regular infectious disease surveillance.
8. Reviewing the information gathered pursuant to subsection (9).
9. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.
10. Implementing required improvements to the infection prevention and control program as required by audits under paragraph 4 or by the licensee.

The licensee has failed to ensure that the roles and responsibilities of the IPAC lead carried out their responsibilities.

Summary and Rationale

The LTCH was unable to demonstrate that the roles and responsibilities of the IPAC lead were being fulfilled.

The DOC acknowledged that not all of the IPAC responsibilities were being completed.

Sources: Inspector observations; internal audits; internal meeting minutes; and interview with the DOC.

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WRITTEN NOTIFICATION: CMOH Directive

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that directives issued by the Chief Medical Officer of Health (CMOH) were implemented in the LTCH, specifically related to expired alcohol based hand rub (ABHR) and disinfectant wipes.

Summary and Rationale

During a tour of the home, the Inspector noted ABHR and disinfectant wipes that were expired.

The DOC indicated that they were unaware that expired product was being utilized in the home.

Sources: Inspector observations; and, interview with the DOC.