

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: March 14, 2024	
Inspection Number: 2024-1554-0001	
Inspection Type: Critical Incident Follow up	
Licensee: The Corporation of Haldimand County	
Long Term Care Home and City: Grandview Lodge / Dunnville	
Lead Inspector Stephanie Smith (740738)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 7-8, and 11-12, 2024

The following intake(s) were inspected:

- Intake: #00105302 - Critical Incident (CI) M532-000044-23 - Related to Infectious Disease Outbreak.
- Intake: #00106030 - CI M532-000001-24 - Related to Infectious Disease Outbreak.
- Intake: #00109580 - CI M532-000005-24 - Related to Infectious Disease Outbreak.
- Intake: #00110152 - CI M532-000006-24 - Related to Infectious Disease Outbreak.

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- Intake: #00105723 - Follow-up # 1 - High Priority Compliance Order (CO) #001 / 2023-1554-0005, FLTCA, 2021 - s. 24 (1) Duty to protect, Compliance Due Date (CDD) February 9, 2024.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1554-0005 related to FLTCA, 2021, s. 24 (1) inspected by Stephanie Smith (740738)

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

Infection Prevention and Control
Prevention of Abuse and Neglect

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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).

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**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- Educate all direct care staff that work on a specified home area on their role and responsibility to provide assistance to residents to perform hand hygiene prior to meals and snacks
- For a minimum of 4 weeks, conduct bi-weekly meal service audits on the specified home area to determine if staff provide assistance to residents to perform hand hygiene (minimum of 8 audits total)
- Retain records of the education, audits, and any corrective action taken as a result of the audits for Inspector review.

Grounds

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, was implemented.

Rationale and Summary

a) The IPAC Standard for Long-Term Care Homes, indicated under section 10.2 that the hand hygiene (HH) program shall include c) assistance to residents to perform hand hygiene before meals and snacks.

On a specified date in March 2024, the lunch meal was observed on a specified home area. No resident was observed to receive assistance to perform HH before their meal. Some residents were observed to eat their meal with their hands. Post meal, staff gave varied answers about when to assist residents with HH. All residents were observed to receive HH after the meal.

The IPAC Coordinator acknowledged that moment one of the four moments of HH was missed when residents were not assisted with HH prior to their lunch meal.

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Failure to ensure that the hand hygiene program included assistance to residents to perform HH before meals, put residents at risk for transmission of infection.

b) The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) additional personal protective equipment (PPE) requirements including appropriate selection, application, removal and disposal.

During observations on a specified date in March 2024, there was droplet/contact precaution signage present for a resident room. A direct care staff was observed entering and exiting the room without wearing any type of eye protection; they wore a gown, mask, and gloves. The droplet/contact precautions signage indicated that a gown, mask, gloves, and eye protection were to be worn.

Inspector (740738) spoke to the direct care staff and confirmed they did not wear eye protection and the staff acknowledged they should have worn it as indicated on the signage.

Failure to wear the required PPE posed a risk of spreading infection to other residents.

Sources: Observations, interviews with IPAC Coordinator and other staff, IPAC Standard for Long-Term Care Homes revised September 2023. [740738]

This order must be complied with by May 24, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee

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requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.

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(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator

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