

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
Apr 29, 2021	2021_556168_0005	002329-21	Complaint

Licensee/Titulaire de permis

Hardy Terrace LTC Operating Limited
12959 Highway 7 Nobleton ON L0G 1N0

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

Hardy Terrace
612 Mount Pleasant Road, R.R. #2 Brantford ON N3T 5L5

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

LISA VINK (168)

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): April 21 and 22, 2021, with off-site interviews conducted on April 23, 26 and 27, 2021.

This inspection was completed for complaint log 002329-21 related to plan of care and dealing with complaints.

During this inspection an Infection Prevention and Control Observational Checklist was completed.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), a physician, housekeeping staff, a screener and residents.

During the course of the inspection, the inspector observed the provision of care and services, reviewed records including but not limited to: complaint logs and procedure, hand hygiene procedure, clinical health record, and toured the home.

The following Inspection Protocols were used during this inspection:
Hospitalization and Change in Condition
Infection Prevention and Control
Reporting and Complaints

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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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 failed to ensure that all staff participated in the implementation of the infection prevention and control program, including the requirement of hand washing when they provided eating assistance to residents.

The home's procedure "Eating Assistance" directed staff to provide residents with the opportunity to wash their hands with a cloth prior to eating.
During a morning nourishment pass four residents were observed to be served and or assisted with a beverage and or a piece of fruit without immediate prior assistance to wash their hands.

Interview with staff confirmed that they consistently assisted residents with washing/cleaning their hands prior to meal times but that they had not completed this care prior to the distribution of morning snacks when observed by the Inspector.

The failure to have staff provide hand washing in accordance with the procedure presented a risk to residents related to the possible ingestion of disease causing organisms that might have been on their hands.

Sources: Observations of residents during the nourishment snack pass, the home's procedure Eating Assistance and interviews with staff. [s. 229. (4)]

Issued on this 30th day of April, 2021

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

Original report signed by the inspector.