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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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 1, 2021	2021_800532_0003	024833-20, 000121-21	Critical Incident System

Licensee/Titulaire de permis

peopleCare Communities Inc.
735 Bridge Street West Waterloo ON N2V 2H1

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

peopleCare Hilltop Manor Cambridge
42 Elliott Street Cambridge ON N1R 2J2

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

NUZHAT UDDIN (532)

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): January 19-22, 2021.

The following intake was completed during this Critical Incident inspection:
Log #024833-20 related to unexpected death.
Log #000121-21 related to fall prevention.

During the course of the inspection, the inspector(s) spoke with the Executive Director of Nursing (EDON), Directors of Resident Care (DRC), Fall Program Lead, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Housekeeper, Recreationist and residents.

The inspector also toured resident home areas, observed resident care provision, dining and meal service, resident staff interaction, and reviewed relevant residents' clinical records, pertaining to the inspection.

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

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)

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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 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 all staff participated in the implementation of the infection prevention and control program.

During observations, a staff member did not perform hand hygiene after handling soiled dishes and continued to serve and handle food. A staff member entered a room where a resident was identified as being in contact/droplet precautions, without preforming hand hygiene and without donning personal protective equipment (PPE) including gown or gloves. The staff member was then observed to assist another resident with setting them up in bed with a meal tray. They then came out of the room, did not wash their hands using the Alcohol- Based Hand Rub (ABHR) and did not change their mask or disinfect their eye protection before entering another room in droplet/contact precautions.

Residents were observed entering the dining room for a meal service without washing hands and staff did not remind or assist the residents with hand hygiene.

A second staff member was observed entering a resident room identified to be in contact/droplet precautions. The staff member did not don full PPE before entering the environment where they were observed to set up the resident their meal tray in bed and raise the head of the bed.

The staff member was aware that full PPE was to be worn when providing direct care to the resident.

Hand hygiene was a standard practice throughout the home and all staff were to perform hand hygiene before and after resident contact. Full PPE was to be worn when entering a room under droplet/contact precautions. The breech of infection prevention and control protocol and lack of hand hygiene put the residents and staff at risk of infection. [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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 9th day of February, 2021

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

Original report signed by the inspector.