



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 18, 2017	2017_636634_0011	019118-17	Resident Quality Inspection

Licensee/Titulaire de permis

CORPORATION OF THE COUNTY OF HURON
c/o Huronlea HFA 820 Turnberry Street South BRUSSELS ON N0G 1H0

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

HURONLEA HOME FOR THE AGED
820 TURNBERRY STREET SOUTH BRUSSELS ON N0G 1H0

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

ADAM CANN (634), ANDREA DIMENNA (669), CAROLEE MILLINER (144), INA
REYNOLDS (524)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): August 28, 29, 30, 31, September 1,5, 6, and 7, 2017.

The following intakes were completed within this Resident Quality Inspection:

Critical Incident log # 004248-16, CIS # M601-000005-16/M601-000006-16, related to medications;

Critical Incident log # 007321-16, CIS # M601-000002-16, related to alleged abuse;

Critical Incident log # 11130-16, CIS # M601-000009-16, related to alleged abuse;

Critical Incident log # 018154, CIS # M601-000003-16, related to a resident fall;

Critical Incident log # 023616-16, CIS # M601-000011-16, related to alleged abuse;

Critical Incident log # 028991-16, CIS # M601-000014-16, related to alleged abuse;

Critical Incident log # 003524-17, CIS # M601-000002-17, related to alleged abuse;

Critical Incident log # 015234-17, CIS # M601-000009-17, related to a resident fall;

Complaint log # 009445-17, IL - 50805 - LO, related to alleged abuse.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Resident Assessment Instrument Coordinator, two Registered Nurses, two Registered Practical Nurses, seven Personal Support Workers, one Dietary Aide, one Housekeeping staff member, three family members, the Family Council and Residents' Council Representatives, and forty residents.

The following Inspection Protocols were used during this inspection:



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**Contenance Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Skin and Wound Care**

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

**2 WN(s)
2 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>Legendé</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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place was complied with.

Section 86 of the Long-Term Care Homes Act, 2007, states that every licensee of a long-term care home shall ensure that there is an infection prevention and control program for the home.

During the home's Resident Quality Inspection, contact precaution signs were observed throughout the home, with no visible personal protective equipment (PPE) near the rooms with precaution signs.

The home's policy, Antibiotic Resistant Organisms (Policy #A09-IC-016-09), dated December 2013, stated that, at minimum, Personal Protective Equipment (PPE) must be kept at the entrance to the room or immediately outside of the room.

Observations revealed that multiple resident rooms had either contact precaution signs, or droplet precaution signs.

The 24-hour report listed multiple resident rooms that had residents with an Antibiotic-Resistant Organism (ARO) infection. The resident rooms were inspected and revealed that each bathroom in these rooms contained gloves, but none of the rooms had gowns either outside or inside the resident rooms. The rooms with droplet precaution signs were inspected and did not have masks or eye equipment outside or inside the resident rooms.

Personal Support Workers (PSW), Charge RN, and Director of Care (DOC) were interviewed and said that gowns, masks, and goggles were located in the clean utility rooms on each unit, and that gloves were kept in each resident's bathroom. PSW's also said that gowns were only kept inside the resident's room if they were very sick or the home was in outbreak.

The clean utility rooms on all three units were observed, and there were no goggles or eye equipment found in the clean utility rooms on two units, and no gowns found in the clean utility room on one unit. A PSW led the inspector to the clean utility room on unit 200 and the PSW searched the room and said that there were no gowns in the clean utility room.



The licensee has failed to ensure that the policy related to Antibiotic Resistant Organisms was complied with.

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 any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is complied with, to be implemented voluntarily.

WN #2: 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 staff participated in the implementation of the infection prevention and control program.

During the home's Resident Quality Inspection, contact precaution signs were observed throughout the home, with no visible personal protective equipment (PPE) near the rooms with precaution signs.

The home's policy, Antibiotic Resistant Organisms (Policy #A09-IC-016-09), dated December 2013, outlined precautions that any resident who was ARO positive should be cared for using contact precautions, and that gloves must be worn when providing direct care to any resident who had ARO. The policy also stated that a "long-sleeved gown may be worn when providing direct care depending on the type of interaction with the resident and if soiling of clothing is anticipated". The policy stated that, at minimum, PPE must be kept at the entrance to the room or immediately outside of the room. The policy defined



“direct care” as providing hands-on care, such as bathing, washing, turning resident, changing clothes/briefs, dressing changes, care of open wounds/lesions or toileting, or changing a catheter draining bag (feeding a resident and pushing a wheelchair were not classified as direct care).

PSW's were interviewed and stated that they received a 24 hour report list that showed which residents were on precautions. They also stated that residents that were on precautions had signs outside of their door.

A Personal Support Worker (PSW) was observed entering a resident room. The room had signage for droplet and contact precautions. The PSW entered a resident bathroom to assist the resident, and was then observed helping the resident sit in a chair, making direct contact with the resident. The PSW was not wearing gloves or any other PPE.

The PSW exited the resident's room after they helped the resident exit the bathroom and sit on their chair. The PSW said that for residents on contact precautions, they would use gloves only for direct care and said that gowns were located in the clean utility room, and they would have to go get a gown before providing care to the resident.

A PSW stated that they would use gloves when going into a resident's room which had a precaution sign. The PSW stated the last time they wore a gown was during an outbreak.

Another PSW stated that for residents on contact precautions, they would wear a gown and gloves to provide care only if coming into contact with bodily fluids.

A third PSW stated that they only wore a gown if the resident was really sick or if the home was in outbreak. The PSW shared that for residents on droplet precautions, she would use a gown sometimes, but never a mask or goggles.

A Registered Nurse (RN) was interviewed and said that when providing direct care to residents on contact precautions, staff used gloves but not gowns. The RN explained that staff members were supposed to use a gown, gloves, a mask, and goggles to care for a resident on droplet and contact precautions, but that staff members, including the RN, used only gloves when providing care to the resident.

An RN acknowledged that it was common practice in the home that staff did not adhere to PPE requirements as per the signage and that gowns were not normally worn when



caring for residents on contact precautions. The RN stated that when providing direct care to a resident on contact precautions, such as changing a brief, staff should wear a gown and gloves, but PPE was not required for care such as transferring and dressing, even though direct contact would be made with the resident.

The Director of Care (DOC) said that when direct care was being provided to residents with AROs, it was the home's expectation that staff wore gloves and a gown, and a face mask as required. DOC shared that staff were informed of required PPE through signs posted outside of the residents' doors. DOC defined "direct care" as brief changing or care provided when the resident was soiled. DOC continued that if the resident was not soiled, gloves were sufficient, and gloves were not required for other care, such as helping a resident get dressed, even though direct contact would be made with the resident.

The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

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 5th day of January, 2018

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



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Original report signed by the inspector.