

**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
Mar 26, 2021	2021_792659_0006	000094-21	Complaint

Licensee/Titulaire de permis

Corporation of the County of Huron
1 Courthouse Square Goderich ON N7A 1M2

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

JANETM EVANS (659)

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): March 9, 10, 11 and 12, 2021.

The following intake was completed for this inspection: Complaint log #000094-21, related to Infection Prevention and Control (IPAC) measures at the home.

This inspection was completed concurrently with Critical Incident System (CIS) Inspection # 2021_792659_0007

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Resident Coordinator (RC), a Public Health Inspector, and a housekeeper.

The inspector observed general resident care, staff to resident interactions, IPAC practices including screening, PPE use, hand hygiene and isolation precautions. Records were reviewed, including but not limited to screening, Public Health Ontario COVID-19 Checklist, clinical records including progress notes, plans of care, electronic Medication Records (eMAR) and policies related to outbreaks and hand hygiene.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Reporting and Complaints
Safe and Secure Home**

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>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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The Licensee failed to ensure the home was a safe and secure environment for residents in relation to COVID-19 screening and testing.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency

in the Province of Ontario under the Emergency Management and Civil Protection Act. On March 22, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTCHs) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that all residents of LTCHs and retirement homes were at increased risk of COVID-19.

The CMOH stated that LTC Homes must immediately implement active screening of all staff, visitors and anyone else entering the LTC Home for COVID-19 with the exception of first responders. Active screening must include twice daily (at the beginning and end of the day or shift) symptom screening and temperature checks.

a) COVID-19 screening tools for staff, visitors and essential caregiver visits were incomplete. Responses to screening questions were not documented for every person entering the home. In addition, temperature checks were not recorded for each person entering and exiting of the home.

Failing to implement active screening of individuals entering and exiting the home increased the risk of infectious disease transmission within the home.

Sources: Complaint, interviews with Administrator and other staff, interview with Public Health Inspector; review of screening tool for COVID-19.

b) According to Directive #3, residents with symptoms (including mild respiratory and/or atypical symptoms) were to be isolated and tested for COVID-19.

A resident exhibiting respiratory symptoms was placed in isolation, but not tested for COVID-19.

Staff said not all residents with symptoms compatible with COVID-19 were tested.

Not following Directive #3 in relation to testing for COVID-19, placed staff and residents at increased risk of disease transmission.

Sources: Complaint, interviews with DOC, Administrator, other staff and Public Health Inspector, review of progress notes, plan of care, 24 hour resident condition report and a resident respiratory line list. [s. 5.]

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 the home is a safe and secure environment by following Directive #3 for active screening for staff, visitors, essential visitors and anyone entering and exiting the home. As well, the licensee will follow Directive #3 in relation to resident isolation and testing for COVID-19, 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 fully participated in the implementation of the infection prevention and control program; specifically related to staff not using personal protective equipment (PPE) appropriately, and performing hand hygiene.

The Public Health Ontario Checklist – COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, revised October 9, 2020, completed by the home December 2020, documented the screener performs a Personal Risk Assessment (PRA) for Personal Protective equipment (PPE) for each interaction. Without a barrier, staff must wear a mask and eye protection, which is cleaned or changed when visibly soiled, wet or damaged.

a) On two days, inspector #659 was screened at the entrance of the home by a staff member who was not behind a plexiglass barrier. The staff member wore a surgical mask and their own glasses, but no proper eye protection.

b) Inspector #659 observed staff sanitizing over their vinyl gloves during screening.

c) Residents were observed not receiving assistance with hand hygiene before their snack. Staff said hand hygiene for residents should be completed in the morning and evening, before and after meals and any other time it was needed.

Not assisting residents with hand hygiene and failing to use appropriate PPE, placed staff and residents at increased risk for disease transmission.

Sources: Observations, Policy #A09-IC-027-14, dated November 2014, Subject : Just Clean Your Hands; Public Health Ontario Checklist – COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, revised October 9, 2020, interviews with screeners and other staff. [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 with infection prevention and control practices, including PPE use for screeners and hand hygiene for residents, to be implemented voluntarily.

Issued on this 1st day of April, 2021

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

Original report signed by the inspector.