Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Original Public Report

Report Issue Date: January 5, 2023	
Inspection Number: 2022-1564-0002	
Inspection Type: Critical Incident System	
Licensee: The Corporation of the County of Lambton	
Long Term Care Home and City: Lambton Meadowview Villa, Petrolia	
Lead Inspector Andrea Dickinson (740895)	**Inspector Digital Signature** Andrea N Dickinson Digitally signed by Andrea N Dickinson Date: 2023.01.05 09:12:11 -05'00'
Additional Inspector(s) Inspection Managers Tawnie Urbanski (754) and Amie Gibbs-Ward (630) were present during the inspection.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
December 13, 14 and 16, 2022, on-site.
December 15, 2022, off-site.

The following intake(s) were inspected:

- Intake: #00003493 [CI: M547-000018-22] related to falls prevention.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 97

On December 13, 2022, at 1100 hours, a cart with cleaning supplies was noted inside the resident Café which was open to residents and visitors. An open bucket containing a liquid with the label "Oxivir Plus" was noted on the top shelf of the cart as well as a bottle of "OxyPur Powerful Urine Remover" on the second shelf. The Environmental Supervisor viewed the cart and confirmed it should not be accessible.

The Environmental Supervisor removed the cart at the time of the observation and placed it in a locked room. The Environmental Supervisor stated an update was given to the staff in regard to the proper storage area.

Inspector noted cart to be absent from resident Café throughout the remainder of the inspection.

Sources: Observations; interview with the Environmental Supervisor.

[740895]

Date Remedy Implemented: December 13, 2022.

WRITTEN NOTIFICATION #001: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented by not having followed the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, regarding hand hygiene.

The IPAC Standard for Long-Term Care Homes, April 2022, section 10.4, referenced Public Health Ontario's Just Clean Your Hands – Long-Term Care program which specified that the four moments of hand hygiene are 1) Before initial resident/resident environment contact, 2) Before aseptic procedures, 3) After body fluid exposure risk, and 4) After resident/resident environment contact.

Rationale and Summary
On a specific date, a Personal Support Worker (PSW) was observed wearing specific Personal Protective Equipment (PPE) while carrying items down the hallway to a resident's room who was on additional precautions. After giving the items to another PSW in the resident's room, the PSW donned PPE and entered the room. The PSW did not perform hand hygiene prior to donning their PPE and entering the resident's room.

Later in the day, the PSW was observed leaning against the doorway of the resident's room after the resident had rung for assistance. After speaking to the resident, the PSW donned their PPE and entered the resident's room. The PSW did not perform hand hygiene prior to donning their PPE and entering the resident's room.

During an interview with the PSW, they confirmed that hand hygiene was required to be completed prior to entering the resident's room.

During an interview with the Director of Nursing and Personal Care (DONPC), the DONPC confirmed that proper Infection Prevention and Control practices were not implemented.

There was increased risk to the resident as a result of the PSW not performing proper hand hygiene prior to caring for the resident.

Sources: Observations; review of the IPAC Standard for Long-Term Care Homes, April 2022; interviews with a PSW and the DONPC.

[740895]

WRITTEN NOTIFICATION #002: Infection Prevention and Control

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)

The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program related to the correct use of Personal Protective Equipment (PPE) for a resident.

Rationale and Summary
A resident was identified as being on additional precautions with signage posted outside of the resident's bedroom.

Review of the home's policy 9-4-9 titled "Personal Protective Equipment (PPE)" effective October 18, 2016, and approved October 27, 2022, stated "If re-used, eye protection should be cleaned and disinfected (such as with an alcohol swab) between uses and according to the manufacturer's recommendation" under number five of the "Mask, Eye Protection, Face Protection" section.

Under the "Gowns" section of the home's policy 9-4-9 titled "Personal Protective Equipment (PPE)," effective date: October 18, 2016, and approved October 27, 2022, it was stated "To be effective gowns should provide protection for the front of clothing and tie securely in the back. They should also provide coverage for the entire arm from shoulder to wrist," and "Gowns should be put on just prior to the intervention and removed prior to leaving the Elder's room and disposed of."

On a specific date, a Personal Support Worker (PSW) was observed wearing specific PPE while carrying items down the hallway to a resident's room who was on additional precautions. While in the resident's room, the PSW was observed wearing their PPE incorrectly. Upon completion of the resident's cares, the PSW did not clean their PPE after use as required.

During an interview with the Director of Nursing and Personal Care (DONPC), the DONPC confirmed that this was not the expectation for proper IPAC practices regarding PPE.

There was increased risk to the resident as a result of the PSW's improper PPE care and use.

Sources: Observations; the home's policy titled "Personal Protective Equipment (PPE), Effective date: October 18, 2016. Approved by October 27, 2022 by Strategic Leadership team"; interview with DONPC.

[740895]