

Order(s) of the Director

under the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

	<input type="checkbox"/> Licensee Copy/Copie du Titulaire <input checked="" type="checkbox"/> Public Copy/Copie Public
Name of Director:	Alain Plante
Order Type:	<input type="checkbox"/> Amend or Impose Conditions on Licence Order, section 104 <input type="checkbox"/> Renovation of Municipal Home Order, section 135 <input checked="" type="checkbox"/> Compliance Order, section 153 <input type="checkbox"/> Work and Activity Order, section 154 <input type="checkbox"/> Return of Funding Order, section 155 <input type="checkbox"/> Mandatory Management Order, section 156 <input type="checkbox"/> Revocation of License Order, section 157 <input type="checkbox"/> Interim Manager Order, section 157
Intake Log # of original inspection (if applicable):	013885-21
Original Inspection #:	2021_890758_0018
Licensee:	2063412 Ontario Limited as General Partner of 2063412 Investment LP 302 Town Centre Blvd., Suite 300, Markham, ON, L3R-0E8
LTC Home:	Creedan Valley Care Community 143 Mary Street, Creemore, ON, L0M-1G0
Name of Administrator:	Sadie Friesner

Background:	
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Ministry of Long-Term Care (MLTC) Inspector #758 conducted a follow-up inspection at Creedan Valley Care Community (the Home). The Inspector attended the Home on November 5, and November 8-9, 2021. The Inspector found that the Licensee, 2063412 Ontario Limited as General Partner of 2063412 Investment LP (the Licensee), failed to comply with s. 229(4) of O. Reg. 79/10 (Regulation) under the Long-Term Care Homes Act, 2007 (LTCHA). Pursuant to s. 153(1)(a) of the LTCHA, the Inspector issued the following compliance order (CO #001) for the non-compliance finding:

“The licensee must comply with r. 229 (4) of O. Reg. 79/10. Specifically, the licensee must:

- a) Ensure that residents are provided with hand hygiene before eating their snacks, as indicated in the home's hand hygiene policy.
- b) Re-educate staff member #104 and #109 on the home's Hand Hygiene Policy # X-G-10.10, specifically to ensure they offer and assist residents with hand hygiene before eating their snacks. A record of the education, including the date and the staff member who provided the education should be kept at the home.
- c) Ensure that residents are provided with products containing a minimum concentration of 70 per cent alcohol for their hand hygiene.
- d) Ensure that the home's hand hygiene policy is revised to include alternatives for hand hygiene practices for residents who cannot use/tolerate or refuse alcohol-based hand rub for their hand hygiene.”

Following a review of CO #001 by the Director, CO #001 has been altered and substituted with the Director's Order below.

Order #:	001
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To **2063412 Ontario Limited as General Partner of 2063412 Investment LP**, you are hereby required to comply with the following order by the date set out below:

Linked to Existing Order / 2021_781729_0019, CO #001;
Lien vers ordre existant:

Pursuant To:
 O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order:
 The licensee must comply with r. 229 (4) of O. Reg. 79/10. Specifically, the licensee must:

- a) Ensure that residents are provided with hand hygiene as indicated in the home's hand hygiene policy.
- b) Re-educate staff member #104 and #109 on the home's Hand Hygiene Policy # X-G-10.10, specifically to ensure they offer and assist residents with hand hygiene before eating their snacks, in accordance with the home's current policy. A record of the education, including the date and the staff member who provided the education should be kept at the home.
- c) Ensure that residents are provided with products containing a minimum concentration of 70 per cent alcohol for their hand hygiene.
- d) Ensure that the home's hand hygiene policy is revised to include alternatives for hand hygiene practices for residents who cannot use/tolerate or refuse alcohol-based hand rub for their hand hygiene.”

Following a review of CO #001 by the Director, CO #001 has been altered and substituted with the Director's Order above.

Grounds:
 1. Compliance order #001, related to r. 229 (4) of O. Reg. 79/10 from

inspection #2021_781729_0019, issued August 31, 2021, with a compliance due date of October 1, 2021, is being re-issued as follows:

The licensee has failed to ensure that staff participated in the implementation of the home's infection prevention and control (IPAC) program in relation to resident hand hygiene practices.

Directive #3 was issued and revised on July 16, 2021, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) by the Chief Medical Officer of Health (CMOH) of Ontario. An urgent requirement was made for LTC Homes to implement measures to protect residents, staff and visitors, including adherence to infection prevention and control practices.

A) The home's hand hygiene policy stated staff were to wash resident's hands before and after eating.

On November 8, 2021, a staff member did not provide or encourage two residents with hand hygiene before they received their drinks. On November 9, 2021, a staff member did not provide or encourage a resident with hand hygiene before they received their snacks and drinks. The home's IPAC Lead said that residents should be provided with hand hygiene before and after they receive their nourishment.

Sources: observations of the snack service, the home's hand hygiene policy, and interviews with the home's IPAC Lead, and other staff.

B) Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, documented the preferred method for hand hygiene when hands were not visibly soiled was using an alcohol-based hand rub (ABHR) containing 70 to 90 per cent alcohol.

The home's hand hygiene policy, indicated that if hands were visibly soiled and running water was not available, moistened towelettes should be used to remove the visible soil, followed by the use of ABHR.

During the lunch meal service on November 5 and 8, 2021, seven residents were assisted with hand hygiene using alcohol-free wipes, before they started eating. Fourteen residents were assisted with hand hygiene using the alcohol-free wipes, after they finished eating.

On November 9, 2021, during the breakfast meal service, three residents were assisted with hand hygiene using alcohol-free wipes, after they finished eating.

Two staff members said they were to use alcohol-free wipes for residents who could not sanitize their hands by themselves or if the residents preferred to use the wipes instead of alcohol-based hand rub.

The IPAC Hub Practitioner from Northern Central Region said the products for hand hygiene should contain a minimum concentration of 70 per cent alcohol to effectively destroy microorganisms and these products should be used when hands were not visibly soiled. They also said alcohol-free wipes could be used to remove visible soil from hands, followed by the use of ABHR or wipes containing at least 70 per cent alcohol.

The home's IPAC Lead acknowledged that the use the alcohol-free wipes did not sanitize residents' hands as required.

Sources: observations of breakfast and lunch meal service, Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April

2014, the home's hand hygiene policy, Directive #3 (July 2021) and interviews with the IPAC Hub Practitioner, the home's IPAC Lead, and other staff.

An order was made by taking the following factors into account:

Severity: There was actual risk of harm to residents as hand hygiene was not performed using a product which contained at a minimum 70 per cent alcohol to ensure efficient destruction of microorganisms and prevent potential transmission of infectious diseases.

Scope: The scope of this non-compliance was widespread as multiple residents did not perform hand hygiene using the appropriate product, with the potential to affect the greatest population of both staff and residents.

Compliance history: The licensee continues to be in non-compliance with s.229 (4) of O. Reg 79/10, resulting in a compliance order (CO) being re-issued. CO #001 was issued on August 31, 2021, during inspection #2021_781729_0019 with a compliance due date of October 1, 2021. This section was also issued as a CO on July 8, 2021, during inspection #2021_735155_010 with a compliance due date of July 23, 2021. In the past 36 months, 15 other compliance orders have been issued to the different sections of the legislation, all of which have been complied with.

This order must be complied with by:	January 21, 2022
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REVIEW/APEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to appeal this Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the *Long-Term Care Homes Act, 2007*. If the Licensee decides to request a hearing, the Licensee must, with 28 days of being served with this Order, mail or deliver a written notice of appeal to both:

Health Services Appeal and Review Board
 Attention Registrar
 151 Bloor Street West
 9th Floor
 Toronto, ON
 M5S 2T5

and the

Director
 c/o Appeals Clerk
 Long-Term Care Inspections Branch
 438 University Avenue, 8th Floor
 Toronto ON M7A 1N3
 Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 12th day of January, 2022	
Signature of Director:	
Name of Director:	Alain Plante