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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 20, 2021	2021_745690_0013	002271-21	Critical Incident System

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 Markham ON L3R 0E8

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

Waters Edge Care Community
401 William Street North Bay ON P1A 1X5

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

TRACY MUCHMAKER (690)

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): May 11-14, 2021.

The following intake was inspected upon during this Critical Incident System (CIS) inspection:
-One log, which was a critical incident the home submitted to the Director for a fall with a transfer to hospital and change in health status.

Inspector #704609 observed this CIS inspection.

During the course of the inspection, the inspector(s) spoke with the Interim Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Receptionist, Staffing Clerk, Personal Support Workers (PSW), Housekeepers, Dietary Aides, and residents.

During the course of the inspection, the Inspector(s) also conducted a daily tour of the resident care areas, observed Infection Control and Prevention (IPAC) practices, observed, staff to resident interactions, reviewed health records, internal documents, and policies and procedures.

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)**

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 staff participate in the implementation of the infection prevention and control program.

Covid-19 Directive #3, indicates that all staff must comply with universal masking and must wear a surgical/procedure mask for the entire duration of their shift even when they were not delivering direct patient care, including in administrative areas.

Furthermore, the home's policy titled "Universal Masking (Covid-19), indicated that all team members must comply with universal masking and wear a surgical/procedural mask while in the care community at all times.

During the Inspection, the Inspector observed administrative staff members not wearing their surgical mask while in close proximity to other staff members.

In interviews with office staff members, the DOC and ED, they indicated that all staff were to wear a mask unless they were on their break, eating or drinking and were able to maintain a safe distance from others.

Sources: Inspector observations on May 12, 13, and 14; Covid-19 Directive #3, dated May 4, 2021, the home's policy titled "Universal Masking (Covid-19), IX-N-10.48", last revised May 2021, and interviews with the ED, DOC, and other staff. [s. 229. (4)]

2. The Inspectors observed signage on a door to a resident's room that indicated that staff were to apply specified personal protective equipment (PPE), and to remove the specified PPE when exiting the room. The Inspector observed two staff members exiting the room and did not change their mask. In an interview with the staff members and the DOC, they indicated that staff were to change the mask upon exiting the room. Additionally, the staff members identified that there were no masks available at the door to the resident's room and that there should be.

The Inspectors also observed the two staff members remove their re-usable face shield during the doffing process, hang the face shield on the door to the resident's room, while they doffed the remainder of their PPE. Neither staff applied gloves to sanitize their face shield.

Public Health Ontario's document titled "Universal Mask Use in Health Care Settings and Retirement Homes", dated February 10, 2021, which was referenced in Covid-19 Directive #3, clarifies that when providing care to multiple residents in a shared room, or cohort, a mask must be changed upon leaving the cohorted area. Furthermore, the home's policy titled "Masks, Eye Protection and Face Shields, indicates that mask and

eye protection must be worn by any individual who is within two metres of a resident on droplet precautions, and that staff were to remove the mask correctly immediately after the completion of the task and discard into the appropriate waste receptacle.

A review of the home's policy titled "Cleaning, Disinfection and Storage of Re-Usable Eye Protection", indicated that staff were to perform hand hygiene, don a new pair of gloves, sanitize the re-usuable eye protection with a wipe, remove gloves, perform hand hygiene and store the re-usuable eye protection in a paper bag.

In an interview with the DOC, they indicated that staff were to change their mask during the doffing process, and that there should be masks in the PPE caddy on the resident's door. They further indicated that staff should follow the home's policy for disinfection and storage of the re-usable face shield, and that staff were not hang the face shield on the door.

Sources: Observation of two staff members, Directive #3, dated May 4, 2021, Public Health Ontario's document titled "Universal Mask Use in Health Care Settings and Retirement Homes", dated February 10, 2021, the home's policy titled "Masks, Eye Protection, and Face Shields", last revised November 2020, the home's policy titled "Cleaning, Disinfection and Storage of Re-Usable Eye Protection, IX-G-10.40 (a), dated November 2020, interviews with staff and the DOC. [s. 229. (4)]

3. During observations of two staff members entering a resident's room, the Inspectors observed that they performed hand hygiene for a period of eight to 10 seconds while donning and doffing PPE.

The home's Hand Hygiene policy indicated that staff were to apply one to two pumps of product to palms of dry hands, and that the volume should be such that 15 seconds of rubbing was required for drying.

In interviews with the two staff members and the DOC, they identified that staff were to perform hand hygiene as per the recommended time frame, and until their hands were dry.

Sources: Observation of two staff members, the home's policy titled "Hand Hygiene, IX-G-10.10, last revised April 2019, and interviews with the DOC, 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 to ensure that staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 21st day of May, 2021

[redacted]

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

Original report signed by the inspector.