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
Nov 17, 2021	2021_823653_0026	014614-21	Complaint

Licensee/Titulaire de permis

Retirement Home Specialists Incorporated
120 Conception Bay Highway Suite 110, Villa Nova Plaza Conception Bay South ON A1W 3A6

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

Morriston Park Nursing Home
7363 Calfass Road, R.R. #2 Puslinch ON N0B 2J0

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

ROMELA VILLASPIR (653)

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): October 12-15, and 19, 2021.

The following intake was completed in this Complaint inspection:
Log #014614-21 was related to the use of ministry funds.

Critical Incident System (CIS) inspection #2021_823653_0027 was completed in conjunction with this complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Activation Aide (AA), Activation Manager (AM), Resident Assessment Instrument (RAI)-Minimum Data Set (MDS) Coordinator/ Infection Prevention and Control (IPAC) Registered Nurse (RN), Physiotherapy Assistant (PTA), Food Service and Nutrition Manager (FSNM), Office Manager (OM), Assistant Director of Care (ADOC), and the Director of Care (DOC)/ Administrator.

During the course of the inspection, the inspector toured the home, observed provision of care, meal services, IPAC practices, reviewed staffing schedules, vendor service agreement forms and invoices, and relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control

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

- **2 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a hand-hygiene program in accordance with evidence-based practices.

As per Public Health Ontario (PHO) Just Clean Your Hands Long-Term Care Home (LTCH) Implementation Guide, it is important for staff to clean residents' hands before and after meals or snacks.

During a meal service, 15/15 residents who were present in the dining room were not provided with Alcohol Based Hand Rub (ABHR) nor assisted with performing hand hygiene before and after eating their meals.

The Infection Prevention and Control (IPAC) Registered Nurse (RN) confirmed that the home's hand hygiene policy did not include assisting residents to perform hand hygiene before and after meals.

Sources: Morriston Park - Infection Control Manual - Handwashing Guidelines policy and Handwashing policy, PHO Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014; Inspector #653's observation; Interviews with the IPAC RN, and the Food Service and Nutrition Manager (FSNM). [s. 229. (9)]

2. As per PHO Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition, for each health care setting, a written hand hygiene policy and procedure must be developed that includes the following:

-indications for hand hygiene
-how to perform hand hygiene
-selection of products used for hand hygiene
-appropriate placement of hand hygiene products
-management of product dispensing containers
-hand care program
-use of ABHR as the preferred method of hand hygiene
-issues pertaining to nail enhancements and jewellery
-hand hygiene compliance and feedback.

The home's written hand hygiene policies and procedures titled "Handwashing Guidelines" and "Handwashing" did not include the appropriate placement of hand hygiene products, management of product dispensing containers, hand care program, use of ABHR as the preferred method of hand hygiene, and hand hygiene compliance

and feedback.

During the inspector’s observation, it was noted that some staff members did not perform hand hygiene in accordance with the moments for hand hygiene in LTC:

Two staff members did not perform hand hygiene in between resident contact during a meal service. A staff member did not perform hand hygiene after touching their hair and face shield while they were in the dining room. A staff member touched a resident’s sandwich with their hands, placed it in the resident’s hand, and continued to assist another resident with their meal, without performing hand hygiene in-between. A staff member put away dirty plates in the dining room, doffed their gloves at the nursing station, and donned new pair of gloves without performing hand hygiene. It was also noted that after assisting a resident, the staff member doffed their glove and did not perform hand hygiene.

By not ensuring that the home's written hand hygiene policy and procedure was in accordance with evidence-based practices, there was potential for the spread of infectious microorganisms, as staff, residents, and visitors may not adhere to evidence-based practices.

Sources: Morriston Park - Infection Control Manual - Handwashing Guidelines policy and Handwashing policy, PHO Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014; Inspector #653's observation; Interviews with the IPAC RN and other staff members. [s. 229. (9)]

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 there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee failed to carry out the operational or policy directive that applied to the LTCH.

On November 30, 2020, the Minister of LTC confirmed the provision of funding for a Temporary Wage Enhancement (TWE) for Personal Support Workers (PSWs) providing publicly funded personal support services in LTC Homes, in support of Ontario's Fall Preparedness Plan.

The LTC PSW TWE Funding Policy originally published in November 2020, and updated in June 2021, outlined the terms and conditions for the TWE provided to LTC staff effective from October 1, 2020, up to and including August 23, 2021, (subject to regular review in connection with regulations made under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020). The TWE consisted of a temporary wage enhancement for hourly pay of an additional $3 per hour for all hours worked during a designated period.

The LTC PSW TWE Funding Policy also required that the LTC licensees create and maintain records, for the period of October 1, 2020, to August 23, 2021, that document the following:

-Number of staff hours eligible for hourly TWE, tracked from October 1, 2020 to August 23, 2021;
-Gross amount of hourly TWE paid out to eligible staff;
-Amount of statutory contributions paid by employers as a result of providing TWE to eligible staff;
-Amount paid by the licensee to address statutory or collective agreement entitlements as a result of providing TWE;
-The number of eligible staff as of October 1, 2020; the number of eligible staff hired after October 1, 2020; and the number of eligible staff who leave following October 1, 2020; and

-Attestations related to TWE, which will be included in all reports provided to the ministry.

The MLTC received a complaint regarding Morriston Park Nursing Home's provision of TWE funding designated for PSWs.

The inspector asked the Administrator how they tracked and determined the eligible TWE hours that were submitted through the ministry portal in January and May 2021, and the Administrator indicated they would have generated a report on their system to determine the eligible TWE hours. The inspector requested the records created and maintained from October 1, 2020, to August 23, 2021, that included the components cited under the policy for reporting requirements and accountability for funding. The Administrator was unable to provide complete documentation to show the number of staff hours eligible for hourly TWE, tracked from October 1, 2020, to August 23, 2021, and the gross amount of hourly TWE paid out to eligible staff.

Sources: PSW schedules, LTC PSW TWE Funding Policy updated June 2021; Interviews with the Resident Assessment Instrument (RAI)-Minimum Data Set (MDS) Coordinator, Office Manager (OM), Assistant Director of Care (ADOC), and the Director of Care (DOC)/ Administrator. [s. 174.1 (3)]

Issued on this 17th day of November, 2021

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

Original report signed by the inspector.