

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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Nov 15, 2021	2021_926267_0005	006435-21, 006824- 21, 009728-21	Critical Incident System

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**Licensee/Titulaire de permis**

The Regional Municipality of Niagara  
1815 Sir Isaac Brock Way Thorold ON L2V 4T7

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

Northland Pointe  
2 Fielden Avenue Port Colborne ON L3K 6G4

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

JOBBY JAMES (694267), YULIYA FEDOTOVA (632)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 2, 3, 4, 5, 8, 9, 2021.**

**The following intakes were completed for the Critical Incident System (CIS) Inspection:**

**Log # 009728-21 (CIS# M610-000007-21) was related to falls with injury.**

**Log # 006824-21 (CIS# M610-000005-21) was related to falls with injury.**

**Log # 006435-21 (CIS# M610-000004-21) was related to falls with injury.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Resident Care (DRC), Physiotherapist (PT), Housekeeping staff, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs) and residents.**

**During the course of the inspection, the inspector(s) toured the home, observed resident care and meal service and reviewed relevant policies and procedures, internal investigation notes.**

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

**Dining Observation**

**Falls Prevention**

**Infection Prevention and Control**

**Skin and Wound Care**

**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**

<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 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).**

**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 all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

On an identified date in November 2021, inspector observed that a resident had signage for contact precautions on the door but there was no Personal Protective Equipment (PPE) in place. A staff confirmed that this resident was on additional precautions and the PPE bag must be on the door. Upon touring other resident areas, inspector noted that three other identified rooms had no signage and no PPE in place for the staff to use. The DRC acknowledged that the residents were on additional precautions and PPE along with the signage should be in place.

By not having proper signage and appropriate PPE for additional precautions, the residents were at an increased risk of acquiring and or transmission of infection.

Sources: Observation of the resident areas in the home, care plan reviews of the identified residents, interview with the DRC, staff interviews.

2. The licensee failed to ensure that there was in place a hand hygiene program in accordance with evidence-based practices and, if there was none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents.

On an identified date in November 2021, it was observed in one of the home areas that 19 out of 19 residents were not offered or provided assistance with their hand hygiene before having meals. The next day, it was observed in another home area that eight out of eight residents, who participated in afternoon snacks and drinks, were not offered or provided assistance with their hand hygiene.

The home's policy indicated procedures regarding hand hygiene for staff only. The Routine Precautions and Additional Precautions Policies and Procedures indicated that hand hygiene to be performed with an alcohol-based hand rub or with soap and water before and after contact with a resident or their environment. The home's hand hygiene program did not include the procedure about hand hygiene for residents, which was confirmed by the Administrator.

The residents were at risk of transmitted infection as they were not offered or assisted with their hand hygiene prior having meals and/or snacks and/or drinks.

Sources: the Hand Hygiene Policy and Procedure, the Routine Precautions and Additional Precautions Policy and Procedure; observations; interview with the Administrator. [#632]

***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 and ensuring that all staff participate in the implementation of the additional precautions for Infection Prevention and Control (IPAC) program and 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, to be implemented voluntarily.***

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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.**