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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Public Report

Report Issue Date: December 3, 2024
Inspection Number: 2024-1338-0005
Inspection Type: Critical Incident
Licensee: Liuna Local 837 Nursing Home (Hamilton) Corporation
Long Term Care Home and City: Queen's Garden, Hamilton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 12, 13, 14, 18, 19, 20, 2024

The following intake(s) were inspected:

- Intake: #00118657 - Critical Incident (CI) -2853-000017-24 - Related to Infection Prevention and Control.
- Intake: #00120213 - Critical Incident (CI) -2853-000019-24 - Related to Infection Prevention and Control.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246 / 22, s. 102 (2).

A) The licensee has failed to ensure that a standard issued by the director with respect to the IPAC Standard was Implemented.

Rationale and Summary
During an observation there were expired disinfectant wipes canister on the isolation caddy near the contact precautions rooms.
The Infection Prevention and Control Lead stated they are responsible for replacing the expired disinfectant wipes. Registered Practical Nurse confirmed that it is not a good protocol to continue to use the expired disinfectant wipe and that it was an oversight to use disinfectant wipes after the expiry date.

Failure to ensure that the disinfectant wipes were used in accordance with the Minister's Directives, posed as a risk for infectious agents being disinfected effectively.

Sources: Observations, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April 2022) and interviews with RPN and IPAC Lead.

B) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was complied with.

In accordance with the "Infection Prevention and Control Standard for Long Term Care Homes April 2022" (IPAC Standard), revised September 2023, specifically, The licensee shall ensure that following the resolution of an outbreak, the Outbreak Management Team(OMT) and the interdisciplinary Infection Prevention and Control(IPAC) team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak and that a summary of findings shall be created that makes recommendations to the licensee for improvements to outbreak management practices, under Outbreak Preparedness and Management 4.3, under the IPAC standard.

Rationale and Summary
A Critical Incident Report was submitted to the Director related to a COVID-19 and Rhinovirus outbreak.

The home was unable to provide evidence that a debrief session with the outbreak management team had been conducted, nor could they present findings or recommendations for improving outbreak management practices to the licensee

The IPAC Lead stated that after an outbreak a post outbreak debrief session did not occur and it was not documented. The Director of Care confirmed that this did not occur after the outbreak.

Failure to complete debrief sessions to assess IPAC practices of outbreak data, reduced the opportunity to analyze and provide the licensee with recommendations for future outbreak management.

Sources: CI #2853-000019-24, Outbreak Management Policy, Interviews with IPAC Lead and DOC.

COMPLIANCE ORDER CO #001 CMOH and MOH

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246 / 22, s. 272
CMOH and MOH
s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

1. Educate housekeeping staff on how to check for expiry dates and the rationale for checking expiry dates of hand sanitizer.
2. Maintain documentation of the education provided, including the education content, the name of the educator, names and signatures of the attendees, and date of the training.
3. Create and complete audits once per week for 8 weeks to check for expired hand sanitizer (wall mounted). The audit is to include date, name of staff completing audit, expiry date, and if expired hand sanitizer is found, to document, where it is found and the date it is found.
4. Make all records available to inspector immediately upon inspection.

Grounds

The Licensee has failed to ensure that Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings issued by the Ministry of Health Effective: April 2024 was followed in the home. In accordance with these recommendations the Licensee was required to ensure that Alcohol-based hand rubs (ABHR) must not be expired.

Rationale and Summary

During observations several expired wall mounted alcohol-based hand rub (ABHR) products were discovered in various home areas and contact precaution rooms. Registered Nurse reviewed the expired hand sanitizers with the inspector and confirmed the expired products.

Environmental Service Manager and Director of Care confirmed that the housekeepers are responsible for checking the expiry dates and replacing the wall mounted Hand sanitizers in residents rooms and common areas. They also acknowledged that the expired products degrade and lose their effectiveness.

The use of expired products in the home increased the risk of infectious disease transmission to the residents.

Sources: Observations, review of Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective: April 2024, Interview with the DOC, RN , and ESM.

This order must be complied with by

March 4, 2025

REVIEW / APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and / or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

(a) the portions of the order or AMP in respect of which the review is requested;
(b) any submissions that the licensee wishes the Director to consider; and
(c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and / or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor

Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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