

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

Original Public Report

Report Issue Date: October 25, 2024

Inspection Number: 2024-1334-0004

Inspection Type:

Critical Incident

Licensee: Axiom Extendicare LTC II LP, by its general partners Extendicare LTC Managing II GP Inc. and Axiom Extendicare LTC II GP Inc.

Long Term Care Home and City: Ridgeview, Stoney Creek

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 2-4 and 7-10, 2024.

The following intake(s) were inspected:

- Intake: #00118138 - CI-2849-000010-24 - Fall of a resident resulting in injury.
- Intake: #00125344 - CI-2849-000015-24 - ARI - Rhinovirus - Outbreak declared August 28, 2024, and finalized on September 16, 2024.

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

Infection Prevention and Control

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Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Infection prevention and control program- Residents hand hygiene

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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).

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

The Inspector is ordering the licensee to retrain staff on Gage House home area, on hand hygiene to ensure compliance with [FLTCA, 2021, s. 155 (1) (a)]:

- 1) The licensee shall retrain all staff on Gage House home area on hand the hygiene program, with a focus on resident's hand hygiene.
- 2) The training shall include but not be limited to the four moments of hand hygiene and when and how residents hand hygiene is to be completed.
- 3) The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).
- 4) All staff who assist or provide residents with hand hygiene must be trained.
- 5) The licensee will complete audits for hand hygiene at meals and snack times for a period of one month after the training has been completed.

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The licensee is required to document and keep a record of the following with respect to the training for this order.

- A) What education was provided, and how it was delivered.
- B) The name of the individual who provided the education and their professional designation.
- C) The names and designation of staff who received the training, and the date it was completed.
- D) Dates of audits completed, what was audited and audit outcomes.

Grounds

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023, was implemented.

A) The licensee is required to implement a hand hygiene program (s. 23(2)(e) of the Act). The licensee is required to ensure that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under s. 102(2) of the Regulation.

The Infection Prevention and Control (IPAC) standard, for Long Term Care Homes, 10.1, states that the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). ABHR shall be easily accessible at both point-of care and in other common and resident areas.

Rationale and Summary

During observations on a specified date in October, multiple staff were observed assisting residents to perform hand hygiene. Staff used wipes from a green and

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white bag that was carried from table to table. No ABHR (alcohol-based rub), was used for residents that were assisted with the wipes. On a specified date in October, a staff member opened the wipe dispenser in a dining room. It contained a green and white bag; no alcohol content was noted on the bag. A sign was observed on top of the dispenser; it stated that wipes are to be used for soiled hands and face only. For hand hygiene it advised to use ABHR (alcohol-based hand rub).

In an interview with the Administrator, on a specified date in October, they confirmed that hand hygiene is provided to residents using ABHR by staff. They confirmed the wipes provided in the dispenser did not contain alcohol.

Failure to ensure that residents had access to hand hygiene agents, including 70-90% alcohol-based hand rub put both residents and staff at risk for infection.

Sources: Observations of staff in a dining room, interviews with Administrator and staff who perform hand hygiene.

B) The licensee failed to implement any standard or protocol issued by the director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2) (b) when they did not ensure that on every shift, as per the Standard 3. a) Symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director.

Rationale and Summary

On a specified date in August, a resident began with symptoms of infection. They were isolated and infection monitoring began. The resident was to be monitored every shift, and a progress note completed to document their symptoms. On a specified date in August, during the resident's isolation period, the surveillance documentation was incomplete. No progress note related to infection had been

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completed for the resident on one shift.

In an interview with the Administrator, the Administrator verified the surveillance documentation was incomplete. An infection note had not been completed on one shift.

Failure to complete surveillance documentation for a resident with infection symptoms put the resident at risk for not having their infection monitored.

Sources: Progress notes for a resident, line lists, Interviews with Administrator.

This order must be complied with by January 10, 2025

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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

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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:



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
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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.