



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des
Soins de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection sous la
Loi de 2007 sur les foyers de
soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Jun 19, 2018	2018_509617_0012	025618-17, 026015-17, 005455-18	Complaint

Licensee/Titulaire de permis

Barrie Long Term Care Centre Inc.
c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

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

Roberta Place
503 Essa Road BARRIE ON L4N 9E4

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

SHEILA CLARK (617), AMY GEAUVREAU (642), KATHERINE BARCA (625)

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): May 7-11, 2018

This Complaint Inspection was conducted as a result of three complaints submitted to the Director, of which two were related to concerns of the provision of care to residents and one was related to the environmental concern of pest control.

Critical Incident System Inspection #2018_509617_0013 was conducted concurrently with this Complaint Inspection.

Inspectors conducted a tour of the resident care areas, reviewed residents' health care records, home policies and procedures, mandatory training records, personnel records, staffing schedules, observed resident common areas, and observed the delivery of resident care and services, including staff to resident interactions.

During the course of the inspection, the inspector(s) spoke with current and previous Administrators (AD), Director of Care, Co Director of Care (CoDOC), Infection Control Lead, Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSWs), Resident Services Coordinator (RSC), Housekeepers, Housekeeping Supervisor, Environmental Services Supervisor, family members and residents.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Contenance Care and Bowel Management
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Skin and Wound Care
Sufficient Staffing**



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

3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs changed or care set out in the plan was no longer necessary.

A complaint was submitted to the Director regarding the provision of oral care and toileting to resident #013. The complainant alleged that staff were not assisting the resident with toileting and oral care.

During an interview with complainant, they stated to Inspector #625 that staff had not been providing oral care to the resident twice a day as was required. The complainant also identified that the resident was not toileted at scheduled times.

Inspector #625 reviewed resident #013's current care plan and Kardex with a focus on oral care and toileting. The care plan identified that the resident required verbal cues for oral hygiene, staff were to provide oral hygiene twice daily, and assist the resident for toileting once daily.

During an interview with PSW #127 they stated that they were familiar with the resident's care needs and had provided their care that shift. The PSW said the resident had to be set up to promote independence for oral care as it was the resident's preference. The PSW identified that the resident was resistive to care and this was a new change in their care needs. The PSW identified that the resident's Kardex did not reflect that the resident had a change in their care needs and staff were required to provide all areas of personal hygiene for the resident. The PSW stated, with respect to toileting resident #013, they



assisted the resident to toilet at certain times daily. The PSW stated the care plan and kardex for resident #013 did not reflect the resident's toileting needs. The PSW acknowledged that resident #013's plan of care, specifically their care plan and Kardex, had not been reviewed and revised to reflect their current care needs with respect to oral care and toileting.

During an interview with PSW #106, they stated that they provided oral care to resident #013 if the resident permitted it. The PSW stated that the resident's care needs had changed and required more assistance from staff for their personal hygiene, specifically with oral care. The PSW identified that the resident's care plan and Kardex did not reflect that the resident may refuse oral care assistance, required more assistance, and that an alternative measure for oral care had been used by staff. With respect to toileting the resident, the PSW stated that they provided toileting assistance for the resident. The PSW stated that the care plan did not reflect the type of toileting care the resident had required. The PSW identified that the resident was toileted, specific times during the day and acknowledged that the resident's plan of care, specifically their care plan and Kardex, had not been reviewed and revised to reflect the resident's current care needs.

During an interview with RPN #107 they reviewed resident #013's care plan and Kardex and stated that staff provided the resident with oral care assistance. The RPN stated that the care plan did not reflect that staff used alternate devices to assist the resident in their oral care needs. The RPN identified that the staff were to complete the oral care for the resident. With respect to toileting, the RPN stated that resident #013 was toileted by staff at certain times daily. The RPN acknowledged that care plan should be updated to reflect that the resident was to be toileted more than once per day and that resident #013's plan of care, specifically care plan and Kardex, had not been reviewed and revised to reflect the resident's current care needs with respect to oral care and toileting care needs.

During an interview with Inspector #625, the DOC stated that resident #013's care plan identified that staff were to provide the resident with specific oral care interventions. The DOC stated that staff provided incontinence care and toileting to the resident when the resident's care plan did not reflect these interventions. The DOC acknowledged that resident #013's plan of care had not been reviewed and revised to reflect their current oral care and toileting care needs. [s. 6. (10) (b)]



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 the resident #013 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

A complaint was received by the Director regarding a lack of cleaning in the home. The complaint detailed that a resident room was always dusty underneath a bed, spilled items did not get cleaned up off of the floor for several days and the floors were generally unclean.

Inspector #625 observed the following unclean areas in a room, on unit three, on the second floor:

- there was an accumulation of dust and debris under a bed that had formed balls of dust/dirt.
- a brown substance had splattered and dried on to a nightstand and there was one ball



of dust/dirt under the bed.

- the Inspector again noted the presence of the brown substance splattered on the night stand.

Inspector #625 observed the following unclean areas in a room, on unit two, on the second floor:

- a brown, dried substance on the side of a garbage can; long curly strands of hair, a blue string, dust and debris beside one bed; string and dust/debris on a power bar; a wall near the door soiled with a substance that had dripped down the wall; black dirt and debris in the corner of the floor behind the door; crumbs, dirt, debris, dust and various stains on the floor and walls.

- in addition to the same observations of a lack of cleanliness in the room made the day before, the Inspector also noticed a substance splattered on the wall and bathroom door.

- the Inspector noted the same observations of uncleanliness in the room.

During tours of the home, on three different occasions in May 2018, the Inspector observed a visible accumulation of dirt, dust and debris along the baseboards in the hallways on units two and three. The Inspector noted three balls of dust in and around the doorway of a room on unit two. The Inspector observed a dried on substance splattered behind a hand rail, running down the wall on unit two.

During an interview with PSW #108, they acknowledged that the room was unclean, specifically that the floor was generally unclean with dirt and debris around the floor boards and in corners; there were stains on the wall near the door; dried spit on a garbage can; and string on the floor on a power bar and beside the bed. They stated that the room was dirty and needed to be cleaned and that they had noticed dust bunnies under furniture when they have had to move furniture.

During an interview with Housekeeper #109, they stated that the visible dirt and debris on the floor near the baseboards was from years of dirt built up. The Housekeeper acknowledged that a nightstand in a room had a dried brown substance on it and stated it should have been cleaned when it was first observed. The Housekeeper viewed a picture of the dust bunnies under the bed on May 8th and stated it should not have been in that state. The Housekeeper stated that the substance dried on the wall in the hallway of unit two should have been cleaned and acknowledged that the walls, garbage can and floors in a room were not clean, the room was unclean in general and the room required cleaning.

During an interview with Housekeeping Supervisor # 110 they attended units two and three with the Inspector. The Supervisor acknowledged that the nightstand in a room continued to have some of the dried on brown substance splattered on it and the picture of the dust balls under the resident's bed. The Housekeeping Supervisor stated those items were of concern and the those areas were not clean. They also stated that they had identified dust balls as a problem during a recent audit they had conducted. The Supervisor attended a room and acknowledged the walls, floor, garbage can and other areas in the room were unclean as previously identified by the Inspector. The Supervisor acknowledged the flooring near the baseboards in hallways were lined with noticeable dirt/dust/debris built up and needed to be addressed. They also acknowledged the substance on the wall behind the railing and running down the wall on unit two was unclean and needed to be washed.

Inspector #625 reviewed three audits conducted on the third floor on three resident rooms by Housekeeping Supervisor #110 dated on a specific date in April 2018. The audits identified items and areas in the rooms that were not clean, including dusty light fixtures, garbage cans that required emptying and cleaning, dust under a bed, a table that required cleaning on the inside, a dresser that required washing on the inside, a dusty baseboard heater and a dusty bed frame. [s. 15. (2) (a)]

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 the home, furnishings and equipment are kept clean and sanitary, to be implemented voluntarily.

WN #3: 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 all staff participated in the implementation of the Infection Control program.

A complaint was submitted to the Director regarding concerns that the home was not providing adequate infection control practices to prevent communicable diseases.

On a specific date in May 2018, Inspector #617 attended all three resident floors and observed that there were several resident rooms that had contact precaution signs and Personal Protective Equipment (PPE) available at the entrance to the rooms. However, some of the resident rooms observed were missing a combination of both the precaution signs and PPE available at the entrance to the rooms which was confusing to staff and visitors entering the rooms.

Inspector observed three resident rooms to have no contact precaution signs but PPE was available at the entrance to the rooms.

In an interview with PSW #112 they reported to the Inspector that they were not sure if the residents in two of the rooms were required to have contact precautions used during care provision. In an interview with PSW #113 they reported to Inspector #617 that the resident in one of the rooms required contact precautions during the provision of care, and confirmed to the Inspector that a contact precaution sign was not at the entrance to the room and should have been there to alert staff and visitors.

In an interview with the DOC they reported that there were several residents who resided in the home that were under surveillance for communicable diseases and required contact precautions to be used when providing care. The DOC provided the Inspector with a list of six residents and their room numbers which was compiled by the Infection Control Lead in the home.

A review of these six residents' health care records, lab values and plans of care indicated the type of communicable disease that was present and that contact precautions during care provision were required.

The "Provincial Infectious Diseases Advisory Committee (PIDAC), Routine Practices and Additional Precautions, In All Health Care Settings, 3rd edition", a document that was developed by the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDACIPC), was reviewed.

The PIDAC-IPC is a multidisciplinary scientific advisory body that provides evidence-based advice to the Ontario Agency for Health Protection and Promotion (Public Health Ontario) regarding multiple aspects of infectious disease identification, prevention and control. PIDAC-IPC's work is guided by the best available evidence. On page 26/113 it indicates that signage specific to the type(s) of Additional Precautions should be posted:

-A sign that lists the required precautions should be posted at the entrance to the resident's room or bed space.

A review of the home's policy titled, "Infection and Prevention Control Program", last updated on September 18, 2017, indicated that the lead for the program was to ensure and monitor the quantity and accessibility of employee PPE and its appropriate use.

In an interview with the DOC they confirmed that the six residents who were under surveillance for communicable diseases, were required to have both the contact precaution sign and PPE available at the entrance to the residents' rooms to direct anyone entering the room to provide contact precautions during care provision and prevent the spread of the disease to other residents and staff.

Both the DOC and the Inspector attended the above named six resident rooms and identified that the combination of both the contact precaution signs and PPE that were required were not available at the entrance to the rooms:

In an interview with the DOC, they confirmed that the combination of both the contact signs and available PPE were missing at the entrance to the six resident rooms as mentioned above and according to the home's policy and procedure for infection control, both were required to be at the entrance to the residents' rooms for clear direction for the staff and visitors to use PPE. [s. 229. (4)]



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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 all staff participate in the implementation of the Infection Control program regarding availability of personal protective equipment and precautionary signage for those residents diagnosed with communicable diseases, to be implemented voluntarily.

Issued on this 20th day of June, 2018

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

Original report signed by the inspector.