

Ministry of Long-Term Care
Long-Term Care Operations Division
Long Term Care Inspections Branch

Sudbury Service Area Office
159 Cedar St, Suite 403
Canada, ON, P3E 6A5
Telephone: (800) 663-6965
sudburysao.moh@ontario.ca

Original Public Report	
Report Issue Date: November 16, 2022	
Inspection Number: 2022-1257-0001	
Inspection Type: Service Area Initiated	
Licensee: Bingham Memorial Hospital	
Long Term Care Home and City: Rosedale Centre, Matheson	
Lead Inspector Karen Hill (704609)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred on the following date(s):
November 7, 2022

The following intake(s) were inspected:

- One intake-Service Area Office Initiated Inspection – Infection Prevention and Control (IPAC)

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

Infection Prevention and Control

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to

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the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement the standard or protocol issued by the Director with respect to IPAC; specifically related to posted signage at the entrance to a resident's room that indicated the enhanced IPAC measures necessary.

Rationale and Summary

On the first day of the inspection, a cart containing personal protective equipment (PPE), was observed outside a resident room.

Signage was not posted at the entrance to the resident room or bed space indicating additional precautions were required.

The resident's care plan and progress notes indicated that the resident was to be on additional precautions.

A registered staff member verified additional precautions were required and after speaking with the Inspector, posted the required signage.

There was minimal impact and risk to the resident, at the time of the non-compliance, when the home did not ensure that an additional precautions sign was posted for a resident, as the appropriate PPE was located outside the room and staff demonstrated an awareness of the additional precautions required.

Sources: Observations of a resident home area and bedroom; review of a resident's care plan and progress notes; interviews with staff and the IPAC Lead.

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Date Remedy Implemented: November 7, 2022

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

Rationale and Summary

The IPAC Standard for LTCHs, Additional Requirement, 10.2, indicated the licensee was to ensure that the hand hygiene program included at a minimum, hand hygiene audits, and hand hygiene and hand care support for residents.

The home's hand hygiene policy, did not include a documented process to support resident hand hygiene or to complete hand hygiene audits.

At the time of the inspection the home produced two hand hygiene audits completed on two identified dates. No other audits were provided.

The IPAC Lead identified that hand hygiene compliance audits were required to be completed every month however, they were not completed for a two-month period, prior to the identified dates. The IPAC Lead also acknowledged they were not sure if the home's hand hygiene policy included the additional requirements, but that it should.

Failure to ensure that the home had a hand hygiene program in place in accordance with the IPAC Standard, placed residents at possible risk for exposure to inadequate infection prevention and control practices.

Sources: Home's hand hygiene audits for an identified time period; Home's policy titled, "Hand Hygiene", IPC-116, last revised September 21, 2022; IPAC Standard for Long-Term Care Homes, April 2022, section 10., "Hand Hygiene"; and an interview with the IPAC Lead.

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WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (4) (e)

The licensee has failed to ensure that the IPAC program was evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2).

Rationale and Summary

The home's policy titled, "Infection Control Program for MICS Long-Term Care Facilities", was last revised July 26, 2021.

The IPAC Lead confirmed that the IPAC Program should be reviewed annually and updated and was not done.

There was minimal risk and minimal impact to the residents, when the home failed to ensure, that at least annually, the home's IPAC program was evaluated and updated.

Sources: Home's policy titled, "IPAC for MICS Long-Term Care Facilities", IPC-400, last revised July 26, 2021; and interview with the IPAC Lead.

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WRITTEN NOTIFICATION: ADMINISTRATION, MISCELLANEOUS

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that every operational or policy directive that applies to the

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long-term care home related to conducting regular IPAC audits, was complied with.

Rationale and Summary

The Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, identified that homes must ensure the completion of self-assessment audits, in accordance with the "COVID-19 Guidance Document for Long-Term Care Homes (LTCHs) in Ontario", or as amended.

The COVID-19 Guidance Document, updated October 6, 2022, identified as part of the COVID-19 Outbreak Preparedness Plan, the home was to conduct regular IPAC self-audits, every two weeks when the home was not in outbreak and once a week when the home was in outbreak.

A COVID-19 outbreak was declared in the home during a specified time period.

Review of the home's IPAC self-assessment audit records revealed that self-audits were not completed during the last week of the outbreak nor for a specified time, after the outbreak was declared over.

The IPAC Lead confirmed that no IPAC self-assessment audits were completed during the specified time and should have been.

Failure to complete the required audits put the residents, staff and visitors at potential risk for contracting COVID-19, as gaps in the homes infection control practices may not have been identified.

Sources: Minister's Directive; Home's Sharepoint record of IPAC audits for a specified time period; COVID-19 response measures for long-term care homes, effective August 30, 2022; COVID-19 Guidance Document for Long-Term Care Homes in Ontario, updated October 6, 2022; home's completed COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement homes, 2nd Edition, July 2022, for a specified time; and interviews with the IPAC Lead and DOC.

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