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

Central West District
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Original Public Report

Report Issue Date: August 29, 2024
Inspection Number: 2024-1509-0004
Inspection Type: Critical Incident
Licensee: Saint Luke's Place
Long Term Care Home and City: Saint Luke's Place, Cambridge

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 21, 23, 26-27, 2024

The following intake(s) were inspected:

- Intake: #00117302 - related to falls prevention and management

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

Infection Prevention and Control
Falls Prevention and Management

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).

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

The licensee failed to ensure that staff selected, applied, and removed personal protective equipment (PPE) correctly when exiting resident rooms that were on additional precautions.

According to the IPAC Standard for Long-Term Care Homes (LTCHs) dated April 2022, section 9.1 directs the licensee to ensure that Routine Practices and Additional Precautions are followed in the IPAC program, specifically 9.1 (f) referring to proper use of PPE, including appropriate selection, application, removal, and disposal for additional precautions.

Rationale and Summary
During the inspection, the Inspector observed four staff members go into a resident's room who was on additional precautions. Two of the staff members went in the room with only a surgical mask on, one staff member went in with a surgical mask and gloves, and the fourth went in wearing a gown, gloves, and two surgical masks. Upon exit, three of the four did not remove any of their PPE and the fourth removed their gown, gloves, and one surgical mask.

There was a Coronavirus Disease 2019 (COVID-19) outbreak declared on that resident home area at the time of the inspection.

A staff member identified that staff should have been wearing the required PPE when entering that resident room, which was gown, gloves, N95 mask, and face shield.

By not selecting, applying, and removing PPE correctly, there was risk of transmission of infectious agents.

Sources: observations of staff, interviews with staff, and record review of the IPAC Standard for LTCHs dated April 2022.