

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

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

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

**Division des opérations relatives aux
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
Mar 11, 2021	2021_560632_0006	024202-20, 024894- 20, 025771-20, 000326-21	Critical Incident System

Licensee/Titulaire de permis

Shalom Village Nursing Home
60 Macklin Street North Hamilton ON L8S 3S1

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

Shalom Village Nursing Home
70 Macklin Street North Hamilton ON L8S 3S1

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 12, 17, 18, 19, 22, 23 and 24, 2021.

The following intakes were completed during this Critical Incident System (CIS) inspection:

**log #002471-21 - related to Infection Prevention and Control,
log #024202-20, 024894-20, 025771-20, 000326-21 - related to Falls Prevention.**

The following Complaint inspection #2021_560632_0005 was completed concurrently with this CIS Inspection:

log #000695-21 - related to Continence Care and Bowel Management, Nutrition and Hydration and Medication.

During the course of the inspection, the inspector(s) spoke with the Administrator, Chief Executive Officer, Physician, interim Director of Care (DOC), Minimum Data Set (MDS) Specialist, Physiotherapist (PT), Scheduling Clerk, Food Service and Nutrition Manager, personal support workers (PSWs), registered nurses (RNs), registered practical nurses (RPNs), residents and their families.

During the course of the inspection, the inspector(s) reviewed clinical records, policies, procedures, and practices within the home, observed the provision of care and medication administration.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control**

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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 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.

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

**s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with
evidence-based practices and, if there are none, in accordance with prevailing
practices; and O. Reg. 79/10, s. 229 (2).**

**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 of a long-term care home failed to ensure that the program was evaluated and updated at least annually in accordance with evidence-based practices and, if there were none, in accordance with prevailing practices.

During the inspection, it was confirmed by the Administrator that the Infection Prevention and Control Program was not evaluated and updated at least annually in 2019.

Sources: the Infection Prevention and Control Program; interview with the Administrator. [s. 229. (2) (d)]

2. The licensee failed to ensure that all staff participated in the implementation of the Infection Prevention and Control program.

During an observation in an identified home area, nine out of nine residents were not encouraged or assisted to perform hand hygiene prior to their meals.

The home's Hand Hygiene Program indicated that alcohol-based hand rub was provided for residents to reduce the risks of environmental contamination. Residents were to be encouraged and/or assisted to perform hand hygiene prior to meal.

Interview with RPN and RN indicated that before meal distribution staff were to sanitize their hands and having two PSWs on the unit was not enough to provide encouragement and/or assistance to the residents with their hand hygiene prior to their meals.

The residents were at risk of potential infection as they were not encouraged or assisted with their hand hygiene prior to their meals.

Sources: the Hand Hygiene Program review and observations; interview with RPN #103 and RN #104. [s. 229. (4)]

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 and ensuring that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and all staff participates in the implementation of the Infection Prevention and Control program, to be implemented voluntarily.

Issued on this 12th day of March, 2021

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

Original report signed by the inspector.