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 East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: October 24, 2023	
Inspection Number: 2023-1069-0003	
Inspection Type: Critical Incident	
Licensee: 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership	
Long Term Care Home and City: Springdale Country Manor, Peterborough	
Lead Inspector Elaina Tso (741750)	**Inspector Digital Signature** Elaina Tso Digitally signed by Elaina Tso Date: 2023.10.27 13:07:32 -04'00'
Additional Inspector(s) Sarah Gillis (623) was also present during the inspection.	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 10 to 13, 2023.

The following intake(s) were inspected:

- An intake related to a fall of a resident resulting injury and was transferred to the hospital.

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

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that when a resident's care needs changed and the care set out in the plan was no longer necessary, the written plan of care was updated.

Rationale and Summary
A Critical Incident Report (CIR) was submitted to the Director for an incident that caused injury for which the resident was transferred to hospital and resulted in a significant change in health condition due to the injury.

The resident required surgery for their injury and returned to the Long-Term Care Home (LTCH). Review of the resident's health record indicated they required a mobility aid and their transfer level had been changed since the incident. The transfer instruction signage in their bedroom indicated the changes but their written care plan was not updated to reflect the correct transfer level after they returned from the hospital.

During an interview with the Registered Nurse (RN), they confirmed that the resident's transfer level had changed, and their written care plan was not updated when the resident returned from the hospital.

Failing to update the written plan of care to reflect the required transfer level, created an unclear direction to the direct care staff and a risk for improper transfers to be completed.

Sources: observation, resident's health record, CIR, and interview with the RN. [741750]

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 (11) (a)

The licensee has failed to ensure an outbreak management system in place to manage and control infectious disease outbreaks including defined staff responsibilities during an outbreak.

Rationale and Summary
The LTCH was declared in a Respiratory Outbreak by the Peterborough Public Health Unit (PPHU) and was ongoing throughout the onsite inspection.

During an interview, the Infection Prevention and Control (IPAC) lead confirmed that the high touch surfaces were to be cleaned and disinfected twice daily during the outbreak. They indicated that the housekeeper did the first cleaning in the day shift and Personal Support Worker (PSW) did the second cleaning in the evening or night shift.

A registered staff indicated that the PSW's did not clean high touch surfaces, and the activity staff did the second cleaning in the evening.

The Administrator indicated that the housekeeper did twice cleaning of the high touch surfaces on their day shift. In addition, the PSW and activity staff did the other high touch surfaces cleaning in the evening shift. The Administrator further said that the high touch surfaces cleaning included the railings, but they didn't have a lot of railings in the home.

A housekeeper confirmed that they only did the cleaning in their day shift, which included one time of the high touch surfaces. The Environmental Services Manager (ESM) confirmed that housekeepers only did the high touch surfaces cleaning once during their day shift. They were unsure of who completed the second cleaning of high touch surfaces, but they assumed it was done by the life enrichment staff on the evening shift. The ESM also indicated that cleaning all the homes railings would take about an hour in itself, and it was challenging to complete all the high touch surfaces by one staff in addition to their primary duties.

The Life Enrichment Coordinator (LEC) confirmed that activity staff were not involve in the high touch surfaces cleaning in the evening during their shift. During the height of the pandemic when programs were not running, this was once their job, but they were no longer responsible.

Review of the home's high touch surfaces cleaning checklists, indicated they only documented the cleaning that was completed during the day shifts by housekeeping, which ended at one or two o'clock in the afternoon. There was no documented record of enhanced cleaning of high touch surfaces for a second time each day during the outbreak.

The home's Outbreak Management Policy stated that during an outbreak, the high touch surfaces required to be cleaned twice a day at a minimum to reduce spread of infection by touching contaminated surfaces. The policy further stated that the Director of Care (DOC) and or the Infection Control Practitioner (ICP) were responsible to monitor the compliance and the Administrator to ensure the compliance.

Failing to monitor and to ensure a defined staff was identified to complete the enhanced cleaning and disinfection for high touch surfaces more than once per day when in outbreak, residents and staff were placed at increased risk of disease transmission.

Sources: home's high touch surfaces cleaning checklists, housekeeper schedule, CIR, home's Outbreak Management Policy, interviews with staff. [741750]

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee has failed to comply with O. Reg. 246/22, s. 102 (2) (b), IPAC Standard section 5.4 (e) and 10.1

Specifically, the licensee shall:
1. Remove and discard all of the 60 per cent (%) Alcohol Base Hand Rub (ABHR) bottles across the home that are being used and in storage.
2. Ensure the hand hygiene program includes 70 to 90% ABHR is easily accessible throughout the home including point of care, dining rooms and common areas.
3. Conduct an audit of all ABHR being used in the home, including what is available in storage, once daily for two weeks to ensure the alcohol concentration is correct and the expiry date is in the future.
4. Review and revise the licensee's hand hygiene policy to reflect the IPAC Standard requirements specifically on the alcohol concentration of the ABHR to be 70 to 90%.

Grounds
1. Non-compliance with O. Reg. 246/22 s. 102 (2) (b), IPAC Standard section 5.4 (e)

The licensee has failed to ensure that any standard issued by the Director with respect to IPAC was complied with. Specifically, the licensee did not update their hand hygiene policy on the ABHR from 60% to 70% at a minimum of the ethanol or isopropanol.

Rationale and Summary
In accordance with Additional Requirement 5.4 (e) under the IPAC Standard, the licensee shall ensure that the policies and procedures for the IPAC program also address the hand hygiene program as a component of the overall IPAC program. As per Additional Requirement 10.1 under the IPAC Standard, the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70 to 90% ABHR.

Throughout the home, bottles of Isagel hand Sanitizer containing 60% isopropanol were readily available and being used including on every dining room table, medication cart, housekeeping cart, front door screening, and common areas.

Review of the licensee's Hand Hygiene Policy. The policy indicated the ABHR containing 60 to 95% ethanol or isopropanol was to be used. The home's policy had not been updated to meet the IPAC Standard requirement and was not in alignment with evidence based or with best practice.

Failing to comply with the IPAC Standard requirement to update the hand hygiene policy for ABHR alcohol concentration, placed the residents and staff at risk of transmission of infectious agents.

Sources: observation on ABHR bottle labels, home's Hand Hygiene Policy, and IPAC Standard. [741750]

2. Non-compliance with O. Reg. 246/22 s. 102 (2) (b), IPAC Standard section 10.1

The licensee has failed to ensure that any standard issued by the Director with respect to IPAC was complied with. Specifically, the licensee failed to provide 70 to 90% ABHR in their hand hygiene program that was easily accessible at both point-of care and in other resident common areas, and any staff providing direct resident care must have immediate access to it.

Rationale and Summary
Throughout the home, bottles of Isagel hand Sanitizer containing 60% isopropanol were observed readily available and being used by staff, residents, and visitors, including on every dining room table, medication cart, housekeeping cart, front door screening and common areas. Staff were observed offering the ABHR to residents to clean their hands before the meals. Nursing and housekeeping staff were observed cleaning their hands at their carts using this product. Visitors and staff entering the home were also observed to be using the ABHR prior to entering and upon exit from the home.

Failing to comply with the IPAC Standard requirement to provide 70 to 90% ABHR at the point of care, in other resident and common areas, this placed the residents and staff at risk of transmission of infectious agents.

Sources: observation on ABHR bottle labels, home's Hand Hygiene Policy, and IPAC Standard. [#741750]

This order must be complied with by November 23, 2023

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
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:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.