

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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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
Dec 10, 2021	2021_954618_0006	018316-21	Complaint

Licensee/Titulaire de permis

St. Joseph's Health System
50 Charlton Avenue East Room M146 Hamilton ON L8N 4A6

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

St. Joseph's Health Centre, Guelph
100 Westmount Road Guelph ON N1H 5H8

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

CECILIA FULTON (618)

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): November 30 and December 1 and 2, 2021.

**The following intakes were included in this inspection:
Inspection Log # 018316-21, related to personal support services and the complaint process.**

This inspection was conducted concurrent with inspection #2021_954618_0007.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurses (RN/RPN)s, Personal Support Workers (PSW)s, and a Housekeeper.

Observations were completed of resident dining, Infection Prevention and Control (IPAC) procedures, staff to resident interactions and general care and cleanliness of the home.

The following records were reviewed including but not limited to: resident progress notes, care plans, electronic medication administration records (eMAR), electronic treatment administration records (eTAR), resident assessments, and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints**

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

3 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

Interventions for bed mobility were identified in the care plans of residents #001 and 002.

Staff members #102 and #101, who provided care for these residents, both stated that they had not followed the resident's written plan of care pertaining to identified resident needs for bed mobility when providing care to the residents.

Sources: Written plans of care and kardex and staff interviews. [s. 6. (7)]

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee failed to ensure that there was a hand-hygiene (HH) program in accordance with evidence-based practices. As per Public Health Ontario (PHO) Just Clean Your Hands (JCYH) Long-Term Care Home Implementation Guide, it is important for staff to clean residents' hands before and after meals or snacks.

On the second and third floor units of the West wing, observations identified that residents' hands were not cleaned before and after lunch. The home's HH program was based on the JCYH program which requires that staff assist residents to clean their hands before and after meals.

Interviews with staff #101, 103 and 105, identified that there was no process in place to assist residents to clean their hands before and after meals.

By not ensuring that the home's hand-hygiene program was in accordance with evidence-based practices, there was potential for the spread of infectious microorganisms.

Sources: Observations of residents dining, staff interviews including the Director of Care, Registered Staff, and PSWs. the home's Hand Hygiene policy, #IC-200-1, and Procedure Title, Hand Hygiene, #IC-200-02, and "Just Clean Your Hands" program resources. [s. 229. (9)]

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 the hand hygiene program is in accordance with the Ontario evidence-based hand hygiene program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The Licensee had failed to immediately forward any written complaints that had been received concerning the care of a resident or the operation of the home to the Director.

On an identified date, the Substitute Decision maker (SDM), of resident #001 sent the home an email identifying issues concerning resident care and the operation of the home.

Interview with DOC confirmed that the e-mail was not sent to the Director.

Sources: Staff interviews, CIS report, Home's Complaint listing report. [s. 22. (1)]

Issued on this 29th day of December, 2021

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

Original report signed by the inspector.