Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Oct 4, 2021	2021_866585_0012	009155-21, 013430-21	Critical Incident System

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 Markham ON L3R 3T7

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

Orchard Terrace Care Centre
199 Glover Road Stoney Creek ON L8E 5J2

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

LEAH CURLE (585)

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): September 17, 20, 21, 22, 23 and 24, 2021.

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

Log #009155-21, CIS 2477-000002-21 and log #013430-21, CIS 2477-000005-21, both related to falls.

During the course of the inspection, the inspector(s) spoke with residents, a screener, Personal Support Workers (PSWs), Environmental Aides, Recreation Aides, Registered Nurses (RNs), the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) Coordinator, Recreation Manager, Environmental Services Manager, Clinical Practice Coordinator, Assistant Director of Care (ADOC) /Infection Prevention and Control (IPAC) Lead, Director of Care (DOC) and the Executive Director (ED).

During the course of the inspection, the inspector completed an Infection Prevention and Control checklist, toured the home, observed provision of care, reviewed relevant home policies and procedures, clinical health records, program evaluations, staff schedules and other pertinent documents.

The following Inspection Protocols were used during this inspection:
Accommodation Services - Housekeeping
Falls Prevention
Infection Prevention and Control
Safe and Secure Home

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	
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 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).

s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in a resident's plan of care related to falls prevention and management was provided to the resident as specified in the plan.

On one occasion during the inspection, one resident's specified fall intervention was not in place. Staff confirmed the resident required the intervention to prevent injury.

Failure to provide the intervention increased risk to the resident as they had a history of falls.

Sources: a resident's written plan of care, a resident observation, interviews with PSW staff and others. [s. 6. (7)]

2. The licensee has failed to ensure that the provision of care set out in the care plan for two residents was documented.

Two residents care plans set out specified interventions required for falls prevention and management. Staff confirmed the residents required the specified interventions for safety.

Both residents’ clinical records did not include documentation to support that their identified fall interventions had been provided in September 2021.

Sources: clinical records of two residents, interviews with a PSW, the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) Coordinator and the Director of Care (DOC). [s. 6. (9) 1.]

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 ensure that the care set out in the plan of care is provided to the resident as specified in the plan and that the following are documented: 1. The provision of the care set out in the plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the home's procedures for cleaning of high touch contact surfaces in resident bedrooms was complied with.

LTCHA s. 15 (1) (a) requires an organized program of housekeeping for the home and O. Reg. 79/10, s. 87 (2) (a) (i) requires that the program includes the development and implementation of policies and procedures for cleaning of the home, including, resident bedrooms, including contact surfaces.

Specifically, staff did not comply with the home’s written procedure, "COVID-19 Sanitizing Checklist - Common Areas". The checklist noted which high touch surfaces in resident bedrooms required cleaning daily: light switches, call bells, telephones, bedside tables, handles, sanitizer dispensers, headboards/footboards, bed rails and bed controllers. The checklist required staff initials to sign off that the tasks were completed.

During the inspection, it was found that environmental staff cleaned contact surfaces in all resident washrooms daily; however, contact areas in resident bedrooms were only cleaned by the environmental staff during deep cleans and as needed.

The leadership and recreation teams had been completing high touch surface cleaning throughout the home, including contact surfaces in resident bedrooms. Both teams noted there were times when daily cleaning of all contact surfaces in all resident bedrooms was missed or could have been missed due to time restrictions.

The home was unable to provide checklists to show high touch surface cleaning of all resident bedrooms had been completed daily.

High touch cleaning in resident bedrooms did not occur on two specified dates in September 2021, as no leadership and/or recreation staff worked in the home.

Failure to ensure the home complied with their process for cleaning and disinfecting of contact surfaces in resident bedrooms at least daily increased risk for the transmission of infection.

Sources: "COVID-19 Sanitizing Checklist - Common Areas", dated November 20, 2020, interviews with environmental staff, recreation staff and leadership staff. [s. 8. (1) (b)]

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 ensure that where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee ensures that the plan, policy, protocol, procedure, strategy or system is complied with, to be implemented voluntarily.

WN #3: 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. (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 has failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program, specifically, their policies related to hand hygiene, in accordance with current Canadian and provincial/regional standards.

The home's hand hygiene policy stated resident hand hygiene will be performed at a minimum before and after eating and/or drinking.

During the inspection, an afternoon snack pass was observed. Residents were not offered or assisted with hand hygiene before and after eating and drinking.

Failure to ensure all staff participated in the home's infection control program posed a risk for transmission of infection.

Sources: the home's policy, "Hand Hygiene and Glove Use, Index I.D. IF H-15", revised April 26, 2021, a snack observation, interviews with staff. [s. 229. (4)]

Issued on this 4th day of October, 2021

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

Original report signed by the inspector.