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

Ottawa District
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Original Public Report

Report Issue Date: November 4, 2022

Inspection Number: 2022-1014-0002

Inspection Type:
Other
Complaint
Critical Incident System

Licensee: Arch Long Term Care LP by its General Partner, Arch Long Term Care MGP, by its p

Long Term Care Home and City: Perth Community Care Centre, Perth

Lead Inspector	**Inspector Digital Signature**
Cheryl Leach (719340)	Cheryl Leach Digitally signed by Cheryl Leach Date: 2022.11.14 15:28:05 -05'00'

Additional Inspector(s)
Ashley Bernard-Demers (740787)
Anna Earle (740789)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 13, 14, 17, 18, 19, 20, 24, 25, 27, 28 and 31, 2022.

The following intake(s) were inspected:
- Intake: #00001544-2022_1014_0001, CO #002, O. Reg. 246/22 s. 102. (8), Infection Prevention and Control Program, CDD: September 2, 2022.
- Intake: #00001879-High Priority – 2022_1014_0001, CO #001, LTCHA, 2007, s. 6 (7). Plan of Care, Re: Falls Prevention. CDD: August 11, 2022.
- Intake: #00003197-complaint related to staffing.
- Intake: #00005035-[CI: 0962-000031-22] Neglect of resident.
- Intake: #00005349-[CI: 0962-000024-22] Fall of resident resulting in a transfer to hospital and a significant change in condition.
- Intake: #00005938-[CI: 0962-000016-22] Fall of resident resulting in a transfer to hospital and a significant change in condition.
- Intake: #00006254-Complaint related to resident plan of care and neglect.
- Intake: #00006379-[CI: 0962-000017-22] Resident to resident abuse.

Previously Issued Compliance Order(s)

The following orders have been complied with in completion:

-High Priority – 2022_1014_0001, CO #001, LTCHA, 2007, s. 6 (7). Plan of Care, Re: Falls Prevention. CDD: August 11, 2022.

-2022_1014_0001, CO #002, O. Reg. 246/22 s. 102. (8), Infection Prevention and Control Program, CDD: September 2, 2022.

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

Falls Prevention and Management
Infection Prevention and Control
Resident Care and Support Services
Prevention of Abuse and Neglect
Responsive Behaviours
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied: Infection Prevention and Control

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg 246/22, s. 102 (2) (b)
The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with. In accordance with additional requirement 9.1 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the Licensee shall ensure the proper use of personal protective equipment (PPE), as well as the correct method of donning, and doffing are followed within the home.

Rationale and summary:
A personal support worker (PSW) was observed to incorrectly don and doff PPE, as well as use the incorrect PPE while providing care for a resident on droplet precautions. PSW stated they were unaware of the type of precautions required, despite the proper signage for droplet precautions and a PPE caddy being present at the bedroom door.
Administrator indicated that upon review of PSW's onboarding training, they received the IPAC education required by the home. Administrator relayed that the IPAC Lead had reviewed donning and doffing, as well as general IPAC principles with PSW.

Sources: Observation of PSW and review of Infection Control Manual, Policy, Section: Isolation, Subject: Departmental Procedures, Isolation Procedures – Nursing.

[740787]

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 (2) (b)
The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was complied with. In accordance with additional requirement 10.4 under the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (April, 2022), the Licensee shall ensure that residents are supported to perform hand hygiene prior to receiving meals.

Rationale and summary:
During an observation, hand hygiene was not completed for residents prior to the meal service. Personal support worker (PSW) indicated that residents are to be supported with completing hand hygiene prior to eating and confirmed that no hand hygiene for residents had been provided prior to the meal.

It was observed that prior to the meal service, the method used for hand hygiene were dry wipes placed in a container with water. PSW confirmed that this was the process being used for hand hygiene prior to meals.

During an interview with the IPAC Lead, it was identified the process for hand hygiene for residents at mealtime is to use alcohol-based hand rub.

As a result, not completing hand hygiene properly prior to meals increases the risk of transmission of

infectious agents and the possibility of resulting illness for residents.

Sources: Dining room observations; Infection Control Manual, Policy, Section: Infection Control Practices, Subject: Routine & Resident Programs, Hand Hygiene Requirements; and an interview with IPAC Lead.

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WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22 s. 54 (1)
The Licensee failed to comply with their written policies related to falls prevention and management.
In accordance with O. Reg 246/22 s. 11 (b), the licensee is required to ensure that their falls prevention and management policy and procedure is complied with.
Specifically, staff did not complete the monitoring tool to monitor for a change in resident's condition.

Rationale and summary:
Resident had a fall resulting in an injury and a monitoring tool was not completed as per policy. Registered Practical Nurse (RPN) and Director of Care (DOC) confirmed that the expectation is a monitoring tool is to be completed after a fall as per their policy. As a result, there was a risk that post fall complications would not have been addressed in the absence of monitoring tool information.

Sources: Resident's progress notes; electronic and hard copy chart review; Policy and Procedure; interviews with RPN and DOC.

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