

Inspection Report Under the Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care

Long-Term Care Operations Division Long-Term Care Inspection Branch

Hamilton District

119 King Street West, 11th Floor Hamilton, ON, L8P 4Y7 Telephone: (800) 461-7137 hamiltondistrict.mltc@ontario.ca

	Original Public Report
Report Issue Date: January 30, 2023	
Inspection Number: 2023-1233-0002	
Inspection Type:	
Critical Incident System	
Licensee: Rykka Care Centres LP	
Long Term Care Home and City: Dundurn Place Care Centre, Hamilton	
Lead Inspector	Inspector Digital Signature
Adiilah Heenaye (740741)	
Additional Inspector(s)	
Yuliya Fedotova (632)	
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INSPECTION SUMMARY

The Inspection occurred on the following date(s): January 12-13, 16-18, 20, 23, 2023

The following intake(s) were inspected:

Intake: #00014924-2739-000018-22 - Fall of resident.

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

Falls Prevention and Management Infection Prevention and Control



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INSPECTION RESULTS

Non-Compliance Remedied

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)

O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, indicated under additional requirements 10.1 that the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90 % of alcohol.

Interview with staff confirmed that a hand hygiene agent contained only 62 % of alcohol.

Observation of staff later that day confirmed that the 62% alcohol-based hand hygiene agent was removed from use.

Sources: Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, Observations, interview with staff.

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Date Remedy Implemented: January 17, 2023



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WRITTEN NOTIFICATION: Infection and Prevention Control

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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

1.The IPAC Standard for Long-Term Care Homes, indicated under additional requirements 9.1 (b) that Routine Practices are followed in the IPAC program. At minimum Routine Practices shall include hand hygiene, including, but not limited to, after resident and resident environment contact.

It was observed that a staff did not perform hand hygiene on 3 instances after resident and resident environment contact.

The staff exited a resident's room who was on additional precautions. They were only wearing a mask. They were seen removing their mask, discarding it and then wearing a clean mask. The staff was not observed performing hand hygiene after resident and resident environment contact, and when changing their mask. The staff was also observed exiting two other residents' room on 2 occasions, without performing hand hygiene after resident and resident environment contact.

Interview with the staff confirmed that they did not perform hand hygiene after resident and resident environment contact.

The home did not minimize the transmission risk of infectious diseases for its residents when staff did not follow the IPAC standard for Long Term Care Homes, April 2022.

Sources: Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, Observations, interview with staff.

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2.The IPAC Standard for Long-Term Care Homes, indicated under additional requirements 9.1 (f) that Additional Precautions are followed in the IPAC program. At minimum Additional Precautions shall include additional PPE requirements including appropriate selection application, removal and disposal.

It was observed that a staff exited a resident's room who was on additional precautions with a mask only.

Interview with the staff confirmed that they did not wear personal protective equipment (PPE) as per the additional precautions signage because the resident was no longer on additional precautions.

Interview with another staff and the resident's plan of care confirmed that the resident was still on additional precautions and PPE should be worn when providing direct care as per the additional precautions signage.

The home did not minimize the transmission risk of infectious diseases for its residents when staff did not follow the IPAC standard for Long Term Care Homes, April 2022.

Sources: Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, Observations, interview with staff, plan of care review for a resident.

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WRITTEN NOTIFICATION: Directives by Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The Licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every operational Minister's Directives that applies to the long-term care home, the operational Minister's Directive was complied with.

In accordance with the Minister's Directive: Covid-19 response measures for long-term care homes, the Licensee was required to ensure that regular IPAC self-audits are conducted in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario.



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Rationale and Summary

The Minister's Directive stated that when the home is not in an outbreak, the home is to conduct regular IPAC self-audits following at a minimum the PHO's Covid-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirements Homes, at a minimum every two weeks, and at a minimum once a week when in an outbreak.

Interview with the IPAC lead confirmed that they were aware of the self-audits and they were doing weekly audits.

The quality improvement coordinator provided the IPAC self-audits documentation for the last three months at the time of the inspection. The home missed two IPAC self-audits documentation during that time period. The IPAC lead confirmed that IPAC self-audits were not completed during that time period.

The residents were placed at increased risk of Covid-19 transmission when the IPAC lead did not conduct regular IPAC self-audits in accordance with the Minister's Directive Covid-19 response measures for long-term care homes.

Sources: Interview with IPAC lead, Minister's directives: Covid-19 response measures for long-term care homes April 27, 2022, PHO's Covid-19 Self-Assessment Audit Tool for Long-Term Care Homes, record review of the home's Covid-19 Self-Assessment Audit Tool.

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