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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
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Bureau régional de services de Centre Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 4, 2021	2021_872218_0022	012358-21, 012360-21	Follow up

Licensee/Titulaire de permis

Lutheran Homes Kitchener-Waterloo
2727 Kingsway Drive Kitchener ON N2C 1A7

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

Trinity Village Care Centre
2727 Kingsway Drive Kitchener ON N2C 1A7

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

APRIL RACPAN (218)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 27-29 and November 1, 2021.

The following intakes were completed in this inspection:

- Log #12358-21/Compliance Order (CO) #004 related to safe transferring and positioning techniques; and
- Log #012360-21/CO #005 related to mandatory reporting.

During the course of the inspection, the inspector(s) spoke with the Chief Operating Officer, the Acting Director of Care (DOC), the infection prevention and control (IPAC) Lead, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Housekeeping staff, and Personal Support Workers (PSWs).

During the course of the inspection, the inspector conducted a tour of the resident home areas (RHAs), observed infection prevention and control practices, resident care provision, resident/staff interactions, and completed resident/staff interviews. The inspector also reviewed clinical health records, education records, posting of required information, relevant home policies and procedures, and other pertinent documents.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:
Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #005	2021_796754_0018	218
O.Reg 79/10 s. 36.	CO #004	2021_796754_0018	218

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (2) The licensee shall ensure,
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and O. Reg. 79/10, s. 229 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that the infection prevention and control program was evaluated and updated at least annually in accordance with evidence-based practices.

Specifically, the home's hand hygiene program and isolation procedures were not updated.

A) Public Health Ontario (PHO) best practice guidelines state that for each health care setting, a written hand hygiene policy and procedure must be developed that includes the following: indications for hand hygiene, how to perform hand hygiene, selection of products used for hand hygiene, and other key elements. It emphasized that hand hygiene indications were required for residents before and after meals with the use of an alcohol-based hand-rub (ABHR) as the preferred method of hand hygiene.

On two separate occasions during a lunch meal service on Maple Bush RHA, multiple residents were not provided with assistance on performing hand hygiene before and after eating their meals using ABHR. Instead, most of the residents were provided with disposable wet wipes for hand hygiene. The disposable wipes were observed to have no alcohol concentration in them.

At Oakridge RHA, two residents shared that they were not provided with hand hygiene assistance before and after eating their lunch meals.

Two PSWs shared that it was common practice for them to use disposable wet wipes in replacement of ABHR. One PSW said they would remind independent residents to use the ABHR and provide disposable wet wipes for those who required assistance.

The home's expectation on hand hygiene practices during meal services was for staff to remind and assist residents with performing hand hygiene before and after eating. The IPAC Lead acknowledged that the use of disposable wet wipes for hand hygiene was improper practice and not recommended by PH.

When asked for the home's hand hygiene program, a hand hygiene auditing tool and dining service schedule was provided. The home had not developed a hand hygiene program that was in accordance with PHO evidence-based practices.

B) On March 22, 2020 the Chief Medical Officer of Health (CMOH) introduced Directive #3 in response to the emerging evidence of COVID-19 transmission and it's declaration of a pandemic on March 11, 2020. This Directive includes recommendations provided by

PHO and the World Health Organization (WHO) regarding IPAC measures for COVID-19. It specifically says that long-term care homes (LTCH) must provide all health care workers, other staff, and any essential visitors who are required to wear Personal Protective Equipment (PPE) with information on the safe utilization of all PPE.

As per Directive #3, LTCHs are required to follow COVID-19 Directive #5 guidelines for health care workers to use Droplet and Contact Precautions for all interactions with suspected, probable, or confirmed COVID-19 residents. Droplet and Contact Precautions included the use of gloves, face shields or goggles, gowns, and surgical/procedure masks.

A resident experienced a variety of symptoms that caused them to feel unwell. They were placed on droplet and contact precautions and swabbed for COVID-19. The Acting DOC said that all staff were expected to follow isolation precautions and proper donning and doffing signage.

The resident remained on isolation with pending COVID-19 results. A staff member was wearing a surgical mask and gloves. They went inside the resident's bedroom to perform a specific task and was heard interacting with the resident. The staff member entered and exited the resident’s bedroom without donning and doffing PPE as required. The staff member said they did not refer to the isolation signages and would only don and doff PPE if the home was in an outbreak and direction was provided for them to do so.

Another staff member entered the resident's bedroom and was observed interacting with the resident. The staff member wore the same surgical mask as they entered and exited the room and they did not don and doff additional PPE as required. They said they would only change their PPE if they were providing direct care to the resident.

The LTCH’s policies on Isolation Procedures, (last reviewed May 2021) and Outbreak Response Plan (last revised January 2021), did not include best practice guidelines for staff on using droplet and contact precautions for all interactions with suspected, probable, or confirmed COVID-19 residents. The Acting DOC acknowledged that the information on PPE use for isolation precautions was not updated to reflect prevailing practices.

Not ensuring that the home’s infection prevention and control program was evaluated and updated to reflect evidence-based practices, increased the risk of disease transmission throughout the home.

Sources: Directive #3 for LTCHs under the LTCH Act, 2007 (Issued July 14, 2021), Directive #5 for LTCHs within the meaning of the LTCH Act, 2007 (Effective April 7, 2021), PHO: Just Clean Your Hands LTCH Implementation Guide, PHO Best Practices for Hand Hygiene in All Health Care Settings (April 2014), PHO Technical Brief - IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19 (6th Revision: May 2021), multiple observations, home's IPAC hand hygiene and isolation procedures, interviews with residents, PSWs, Acting DOC, and the IPAC Lead. [s. 229. (2) (d)]

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 4th day of November, 2021

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	APRIL RACPAN (218)
Inspection No. / No de l'inspection :	2021_872218_0022
Log No. / No de registre :	012358-21, 012360-21
Type of Inspection / Genre d'inspection:	Follow up
Report Date(s) / Date(s) du Rapport :	Nov 4, 2021
Licensee / Titulaire de permis :	Lutheran Homes Kitchener-Waterloo 2727 Kingsway Drive, Kitchener, ON, N2C-1A7
LTC Home / Foyer de SLD :	Trinity Village Care Centre 2727 Kingsway Drive, Kitchener, ON, N2C-1A7
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Debby Riepert

To Lutheran Homes Kitchener-Waterloo, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # / No d'ordre : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (2) The licensee shall ensure,
(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the program;
(b) that the interdisciplinary team that co-ordinates and implements the program meets at least quarterly;
(c) that the local medical officer of health is invited to the meetings;
(d) that the program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and
(e) that a written record is kept relating to each evaluation under clause (d) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 229 (2).

Order / Ordre :

The licensee must be compliant with Ontario Regulations 79/10 s.229 (2)(d).

Specifically, the licensee must:

1) Ensure that the home's infection prevention and control (IPAC) program is evaluated and updated to reflect evidence-based practices including but not limited to, hand hygiene, isolation procedures and donning and doffing Personal Protective Equipment (PPE).

2) Ensure that all staff receive re-education on the home's updated IPAC program. A written record of this education must be kept and include: the name (s) of the individuals who attended the training, the name(s) of the person(s) who provided the training, the date(s) and content of the training provided, and any other actions taken.

3) A designated individual(s) conducts, at a minimum, daily audits every shift on each resident home area to ensure compliance on hand hygiene practices for residents during meal services and on donning/doffing PPE in accordance with isolation precaution signages. The audits should continue for a minimum of one month and until compliance has been achieved. The dates of the audits, the person responsible, and any follow-up actions taken must be documented.

Grounds / Motifs :

1. The licensee failed to ensure that the infection prevention and control program was evaluated and updated at least annually in accordance with evidence-based practices.

Specifically, the home's hand hygiene program and isolation procedures were not updated.

A) Public Health Ontario (PHO) best practice guidelines state that for each health care setting, a written hand hygiene policy and procedure must be developed that includes the following: indications for hand hygiene, how to perform hand hygiene, selection of products used for hand hygiene, and other key elements. It emphasized that hand hygiene indications were required for residents before and after meals with the use of an alcohol-based hand-rub (ABHR) as the preferred method of hand hygiene.

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When asked for the home's hand hygiene program, a hand hygiene auditing tool and dining service schedule was provided. The home had not developed a hand hygiene program that was in accordance with PHO evidence-based practices.

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gowns, and surgical/procedure masks.

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The resident remained on isolation with pending COVID-19 results. A staff member was wearing a surgical mask and gloves. They went inside the resident's bedroom to perform a specific task and was heard interacting with the resident. The staff member entered and exited the resident's bedroom without donning and doffing PPE as required. The staff member said they did not refer to the isolation signages and would only don and doff PPE if the home was in an outbreak and direction was provided for them to do so.

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The LTCH's policies on Isolation Procedures, (last reviewed May 2021) and Outbreak Response Plan (last revised January 2021), did not include best practice guidelines for staff on using droplet and contact precautions for all interactions with suspected, probable, or confirmed COVID-19 residents. The Acting DOC acknowledged that the information on PPE use for isolation precautions was not updated to reflect prevailing practices.

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of Individuals with Suspect or Confirmed COVID-19 (6th Revision: May 2021), multiple observations, home's IPAC hand hygiene and isolation procedures, interviews with residents, PSWs, Acting DOC, and the IPAC Lead.

An order was made by taking the following factors into account:

Severity: There was potential risk of harm for disease transmission among residents and staff due to the home's IPAC program not having been updated to reflect evidence-based practices.

Scope: This non-compliance was a pattern because four out of six IPAC incidents were observed as non evidence-based practices.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with s.229 and a Voluntary Plan of Correction (VPC) was issued to the home. Additionally, 13 VPCs, 27 Written Notifications (WN), and nine Compliance Orders (CO), all of which have been complied, were also issued. (218)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Dec 07, 2021

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

a) les parties de l'ordre qui font l'objet de la demande de réexamen;
b) les observations que le/la titulaire de permis souhaite que le directeur examine;
c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 4th day of November, 2021

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : April Racpan

Service Area Office /
Bureau régional de services : Central West Service Area Office