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

Central West District
609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: March 13, 2025

Inspection Number: 2025-1094-0002

Inspection Type:
Critical Incident

Licensee: Lutheran Homes Kitchener-Waterloo

Long Term Care Home and City: Trinity Village Care Centre, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 26, 27, 2025 and March 3, 4, 5, 6, 2025
The inspection occurred offsite on the following date(s): March 6, 10, 11, 2025

The following intake(s) were inspected related to:

- Enteric Outbreak, declared 21JAN25-finalized 28FEB25.
- Acute Respiratory Outbreak, declared 28JAN25-finalized 06MAR25.

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

Housekeeping, Laundry and Maintenance Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Specific duties re cleanliness and repair

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 19 (2) (c)
Accommodation services
s. 19 (2) Every licensee of a long-term care home shall ensure that,
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair.

The licensee has failed to ensure that ventilation equipment, specifically heat recovery ventilators were maintained in a good state of repair.

Three out of six energy recovery ventilators (ERV) responsible for supplying fresh air, extracting heat, stale air and odours from the home were not functioning at time of inspection. The units were reported to have been non-functional for over 2 years by the contractor who services the heating, air conditioning and ventilation (HVAC) system. The lack of functioning ERVs, which control the exhaust system has created air temperature variances from floor to floor, whereby the third floor had excessive heat, with temperatures in some resident rooms at 26˚C or higher while outdoor temperatures were under 3˚C.

Failure to ensure that the HVAC system is maintained in a good state of repair has and will create uncomfortable conditions for residents.

Sources: Interview with the HVAC contractor, Administrator, Environmental Services Manager and record review of HVAC inspection work orders and the licensee's maintenance repair and scheduling system.

WRITTEN NOTIFICATION: Maintenance services

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 96 (1) (b)
Maintenance services
s. 96 (1) As part of the organized program of maintenance services under clause 19 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,
(b) there are schedules and procedures in place for routine, preventive and remedial maintenance.

The licensee has failed to ensure that as part of the organized program of maintenance services under clause 19 (1) (c) of the Act, that there were schedules and procedures in place for routine and preventive maintenance of the air cleaners, soiled linen chutes, portable air conditioners and disinfection machines used in the home.

- Six portable air cleaners were observed when three home areas were toured, four of which were not plugged in. One unit was indicating that the VOC canister and pre-filter needed to be changed in an activity room. The six units and six others were listed in the home's maintenance reporting and scheduling system but were not scheduled for any type of maintenance check. No records were included in the system as to when they were checked to determine when the filters needed to be changed. No maintenance policy or procedure was developed that included guidance around filter or cartridge changes and the role of nursing staff in reporting whether the units were displaying a need for a filter change.
- Two separate soiled linen chute systems in the home were in use during the inspection. Neither the maintenance or the housekeeping cleaning procedures included any reference to linen chutes, or the need to clean the

chutes on a routine basis. According to staff interviewed, the chutes were cleaned in the past but had not been cleaned for over a year.

- A portable air conditioner was observed in use in one activity room. The portable air conditioning units were used for supplemental cooling in the dining rooms during the summer. The equipment was not listed in the maintenance scheduling system or identified in the existing maintenance procedures for routine cleaning and inspection as per manufacturer's requirements.
- A flusher-disinfector machine for cleaning and disinfecting bed pans and wash basins was located in one soiled utility room which had the word "inspection" displayed on the digital screen. The machine was not listed in the home's maintenance scheduling system or identified in the existing maintenance procedures for routine cleaning and inspection as per manufacturer's requirements.

Sources:

Interview with the Environmental Services Manager, maintenance staff, review of the licensee's maintenance repair and scheduling system, maintenance and housekeeping policies and procedures and observations.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The Inspector is ordering the licensee to prepare, submit and implement a plan to ensure compliance with O. Reg. 246/22, s. 102 (2) (b) [FLTCA, 2021, s. 155 (1) (b)]:

The plan must include but is not limited to:

1. Who, with an understanding of infection prevention and control (IPAC) principles and practices will be designated to review and amend the existing IPAC and housekeeping policies and procedures, and/or develop any that are required in accordance with the IPAC Standard for Long-Term Care Homes, Revised 2023, and are developed or revised in accordance with the following but not limited to documents:

- Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings, Rev Dec 2024
- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, February 2025
- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19
- Annex A: Screening, Testing, and Surveillance for Antibiotic-Resistant Organisms (AROs) in All Health Care Settings, Feb. 2023
- Best Practices for Environmental Cleaning for Infection Prevention and Control, 2018

2. Who, with an understanding of adult education principles, will ensure that all applicable staff that are required to follow the housekeeping and IPAC policies and

procedures receive education and/or training with respect to the amended and newly developed IPAC and housekeeping policies and procedures; and
3. How the education and/or training will be provided; and
4. How the training and/or education of all applicable staff will be tracked to determine who has or has not received and completed the education and/or training and when; and
5. How all applicable staff that are required to follow the housekeeping and IPAC policies and procedures will be evaluated and at what intervals to ensure that they continue to follow the policies and procedures that are relevant and expected of them.

Please submit the written plan for achieving compliance for inspection #2025-1094-0002 by April 14, 2025.

Grounds

The licensee has failed to implement the Infection Prevention and Control Standard, Revised September 2023 issued by the Director, specifically for sections 5.2, 5.4 (f), (k), (m), (o) and 5.6,

5.2 The licensee has failed to ensure that IPAC policies and procedures were reviewed at least annually for completeness, accuracy, and alignment with evidence and with best practice, and are updated based on that review.

Policies were not developed with respect to cleaning and disinfection of reuseable non-critical personal care equipment or devices such as wash basins and bed pans after each use. Many IPAC policies and procedures were last revised in 2018, 2020 and 2022 and were not current to or in alignment with best practices developed after the Pandemic was declared over and Minister's Directives rescinded.

5.4 (f) The licensee has failed to ensure that policies and procedures for the IPAC

program also addressed policies and procedures for disease-specific management.

Current IPAC policies did not include any guidance in managing communicable organisms associated with gastroenteritis infections or antibiotic resistant organisms with the exception of MRSA.

5.4 (k) The licensee has failed to ensure that policies and procedures for the IPAC program also addressed IPAC policies for housekeeping (which includes what dietary aids are required to clean).

Procedures did not include how to test for the appropriate concentrations of the disinfectant being used by housekeeping staff, cleaning routines for dietary staff did not include when to use disinfectant vs a sanitizer to clean table tops (which are non-food contact surfaces) in dining rooms, cleaning procedures did not include specific IPAC interventions for the minimal dispersion of dust that may contain viral particles during vacuuming, dusting, sweeping, dry mopping, and extraction or steam cleaning of carpets.

5.4 (m) The licensee has failed to ensure that the policies and procedures for the IPAC program also addressed facility maintenance standards for heating, ventilation, and air conditioning (related to IPAC specifically).

Oscillating fans and air cleaners were observed in the home areas however no policy or procedure was developed to guide the use of the fans and air cleaners during outbreaks.

5.4 (o) The licensee has failed to ensure that the policies and procedures for the IPAC program also addressed program audit activities for environmental cleaning and disinfection (contact surfaces as well as resident devices and equipment), PPE donning and doffing and hand hygiene.

The existing IPAC procedures on auditing activities were limited to reviewing the specific steps of hand hygiene and donning and doffing PPE while using a software application. There were no procedures with respect to environmental cleaning audit processes. There were no general program guidelines such as what type of system is to be used to monitor the compliance of staff with IPAC program policies and procedures, processes for correcting and improving identified gaps, audit processes for on-site or real time review of IPAC practices by staff with education and corrective actions, how various staff from different departments are tracked (how many times the employee has been audited, their status and if re-educated), how often audits are to be completed for the various different departments, what specific forms to use, which staff have received auditing training, what the role of the IPAC lead is in reviewing the results of the audits, evaluating the auditing program and sharing the quality indicators and metrics.

5.6 The licensee failed to ensure that adequate personnel were available on each shift to complete required surface cleaning and disinfection. Three separate outbreaks occurred between January 12, 2025 and March 6, 2025, for a total of 54 days, which necessitated additional staff to complete the twice per day cleaning and disinfection of high touch surfaces in common areas, staff only areas and in resident rooms where residents were on contact precautions.

On January 12, 25, 26, Feb 8, 9 and 22, only two staff were working on the weekends and during the week, 11 of the 39 weekdays included a full complement of staff. Additional hours were not allocated per shift, but on certain days only (i.e. Feb. 13th, with a total of two staff cleaning for 8 hours). Many staff were sick during the outbreak and attempts to bring in the necessary resources were not successful in order to ensure that high touch surfaces were regularly cleaned and disinfected where necessary twice per day as per best practices.

Failure to develop and implement policies and procedures for the IPAC program that are current, clear and reflective of best practices for staff may increase the

prevalence of outbreaks that ultimately affects resident's physical, mental and social well-being.

Sources: Toured the main laundry room, four separate home areas which included soiled utility rooms, soiled linen chute rooms, tub/shower rooms, dining rooms, random resident rooms, observed 3 housekeeping staff cleaning rooms, observed hand hygiene and other practices during two lunch time meals in an identified home area, reviewed IPAC and housekeeping policies and procedures, staffing schedules, time card reports, housekeeping work routines, public health Residential Facility Inspection Report, dietary aide job routines, Best Practices for Environmental Cleaning for Infection Prevention and Control, 2018, Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings, Rev Dec 2024, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, February 2025, Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 and interviewed the Director of Care, IPAC lead, housekeepers, maintenance staff, recreation staff, Environmental Services Manager, Dietary manager, dietary aides, RPNs, and PSWs,

This order must be complied with by September 30, 2025

REVIEW/APPEAL INFORMATION

TAKE NOTICE: The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

The written request for review must be served personally, by registered mail, email or commercial courier 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
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
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
e-mail: MLTC.AppealsCoordinator@ontario.ca

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