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

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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 29, 2021	2021_944480_0005	006202-21, 012585-21, 013125-21	Critical Incident System

Licensee/Titulaire de permis

The Regional Municipality of Niagara
1815 Sir Isaac Brock Way Thorold ON L2V 4T7

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

Upper Canada Lodge
272 Wellington Street P.O. Box 1390 Niagara On The Lake ON L0S 1J0

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

JENNIFER ALLEN (706480), GILLIAN HUNTER (130)

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): October 25, 26, and 27, 2021.

This inspection was conducted related to the following intakes:
Log #: 012125-21, 012585-21 and 006202-21 related to falls prevention.

During the course of the inspection, the inspector(s) toured the facility, observed snack and meal service, reviewed relevant resident clinical records, investigation notes, critical incident reports, relevant policies and procedures and staff education reports.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care (DRC), the Resident Assessment Instrument Coordinator (RAI), Maintenance Coordinator, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), housekeeping staff and residents.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **1 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).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan.

According to a resident plan of care, staff were directed to provide a specific level of supervision during the activity of toileting. On an occasion, a resident was not provided the supervision that was directed in the plan of care and sustained an injury as a result, which was documented in the CIS and clinical record. Interview with staff confirmed the resident was not provided the level of supervision as outlined in the plan of care when they sustained an injury.

The resident was at risk when the staff did not provide supervision as directed in the plan of care.

Sources: Plan of care, progress notes, CIS, interviews with staff. [s. 6. (7)]

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 to ensure that care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: 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 failed to ensure that all staff participated in the implementation of the program related to hand hygiene.

a) Two residents were observed during a meal service in the dining room. Both residents left the dining room after completing their meal, staff did not offer or provide immediate assistance with hand hygiene nor did a staff member sanitize their own hands after the resident interaction. A staff member who was present in the dining room throughout the meal service confirmed that the residents in the dining room were not offered or assisted with hand hygiene before or after their meal.

b) During nourishment observation it was observed that a staff member served six residents' snack and drinks and did not offer or provide immediate assistance with hand hygiene prior to their snack. The Staff member confirmed they were aware of the hand hygiene requirement.

During a meal observation, four residents were observed entering the dining room, staff did not offer or provide these residents with immediate assistance with hand hygiene prior to their meal.

Hand Hygiene Policy states that hand hygiene is required before and after eating and drinking.

It was confirmed that it was the home's expectation that all staff perform hand hygiene for themselves and the residents prior to meals and nourishments.

The failure to comply with the home's Hand Hygiene Program presented a minimal risk to residents related to the possible ingestion of disease-causing organisms that might have been on their hands.

Sources: Observation of nourishment pass and lunch, Hand Hygiene Policy, and interviews with staff. [s. 229. (4)]

Issued on this 1st day of November, 2021

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

Original report signed by the inspector.