Ministry of Health and Long-Term Care

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

Ministére de la Santé et des Soins de longue durée

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

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JESSICA LAPENSEE (133)
Inspection No. / No de l'inspection :	2013_204133_0016
Log No. / Registre no:	S-000209-13
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jul 29, 2013
Licensee / Titulaire de permis :	REVERA LONG TERM CARE INC. 55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2
LTC Home / Foyer de SLD :	LAKEHEAD MANOR 135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Jonathon Riabov

To REVERA LONG TERM CARE INC., you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (7) The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

Order / Ordre :

The licensee will develop and implement an infection surveillance system as is outlined in the Provincial Infectious Diseases Advisory Committee document titled "Best Practices for Surveillance of Health Care-associated Infections in Patient and Resident Populations" (the PIDAC document), revisions date October 2011, as was directed by the Director in December 2012. As per the PIDAC document, this system must include a documented assessment of the resident population, the use of standardized case definitions found in Appendix C of the document, documented monthly calculation and analysis of surveillance rates, documented interpretation of infection rates including the establishment of the home's baseline infection rates, documented communication and use of surveillance information to improve practices within the home, and documented yearly review of the surveillance system with modifications and improvements made as required. The Licensee must identify who will conduct this yearly system review process, how it will be completed, and when it is scheduled to be completed. All staff involved in the surveillance system, including those that will apply the standardized case definitions, must receive documented education in the consistent and accurate application of the standardized case definitions before the process begins. A documented process must be implemented whereby those involved with the application of standardized case definitions for surveillance are assessed to ensure inter-rater reliability, as per the PIDAC document. The Licensee must identify who will complete this periodic inter-rater reliability testing, when it will be completed, and how it will be completed.

The process of establishing an infection surveillance system, as per the PIDAC document, as as directed by the Director, must begin immediately. Full compliance, including surveillance data that has been collected and analyzed, is required by October 31, 2013.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 229(7) as a directive given to the licensee by the Director with regards to infection surveillance has not been implemented.

On December 20, 2012, the Director issued a directive in a memorandum to Long Term Care Licensees and Administrators. The directive was as follows: "Notice to utilize the PIDAC document as authoritative evidence-based practice for the purposes of standardized screening protocols and definitions". This directive was made by the Director under the authority of O. Reg. 79/10, s. 229

(7), and was made in order to address a recommendation from the Ontario Auditor General that Long Term Care homes should identify and track infections in a consistent and comparable manner, using standard definitions and surveillance methods. The Provincial Infectious Disease Advisory Committee (PIDAC) document referred to is titled "Best Practices for Surveillance of Health Care -associated Infections in Patient and Resident Populations, October 2011". The home's infection prevention and control program has not been updated to include standardized definitions and surveillance practices in accordance with this PIDAC document, as per the Director's directive of December 2012.

During the onsite inspection, June 11th-14th 2013, the inspector reviewed the home's infection surveillance system. In summary, the Licensee, Revera Long Term Care Inc., collects national monthly statistics known as "Performance Indicators" from the long-term care (LTC) homes they operate. Of the 47 indicators that the LTC homes reports on, there are 9 in the category of infection control and 1 within the category of continence care that is related to infection control. The home's Assistant Director of Care (ADOC) explained to the inspector that she collects the numbers for the infection control related indicators and provides them to the Director of Care (DOC), who then reports them to the licensee. The ADOC explained to the inspector that she compiles these monthly numbers based on a variety of sources, including the RN 24 hour reports, lab reports, resident health care record reviews, discussions with nursing staff and monthly prescribed medication reports. The ADOC explained that all of this is necessary because nursing staff are not using a daily infection control surveillance form to capture infections on each unit. The staff member designated to coordinate the infection prevention and control program, the Resident Services Coordinator (RSC), showed the inspector 2 existing versions of a daily infection control surveillance form but it was noted that neither were currently in use. In collaboration with a representative of the Northwestern Ontario Infection Control Network, another version of such a form was under development at the time of the inspection. It is noted that the DOC and ADOC are new to their positions at the time of the inspection and the RSC is new to the position of designated coordinator for the infection prevention and control program at the time of the inspection.

The infection control related performance indicator data collection and reporting process, being conducted by the home's ADOC and DOC, is the formalized infection surveillance system in place at the home at the time of the inspection.

The PIDAC document recommends that syndromic surveillance of respiratory infections and gastroenteritis should be undertaken in all LTC homes. Surveillance for skin and soft tissue infections and symptomatic urinary tract infections is also recommended. Other infections chosen for surveillance should be a result of an evaluation of the population served by the LTC home, and consideration should also be given to the frequency of the infection, the impact of the infection and the preventability of the infection. On page 4 of the PIDAC document, it is stated that "collection of infection data for surveillance purposes must be done using validated, published definitions of health care associated infections". Appendix C of the PIDAC document provides such standardized definitions, and they are to be used for all infections under surveillance in a LTC home. The PIDAC document indicates that these case definitions must be consistently and accurately applied in order to allow for the assessment of trends over time as part of the LTC homes internal benchmarking system.

The Revera infection surveillance system does not capture the category of gastroenteritis, as per the standardized case definitions in Appendix C of the PIDAC document.

The Revera infection surveillance system captures the specific category of pneumonia, but it does not capture the other 3 categories of respiratory tract infection, as per the standardized case definitions in Appendix C of the PIDAC document.

The Revera infection surveillance system captures skin infections and urinary tract infections, however the case definitions in use do not mirror the standardized case definitions in Appendix C of the PIDAC document.

During the inspection, June 1th-14th 2013, the inspector was given the home's performance indicator history summary for the time span June 2012 – May 2013 by the home's Regional Manager of Clinical Services. It is noted that there was no reporting of any indicators, including the infection control indicators, for the months of June, September, October, November, December 2012 and March 2013. This is recognized as a failure of the management team in place at the time, who are no longer working at the home, as it is recognized by the current management team that there were infections to report. For example, the home recently experienced a Group A Streptococcus outbreak, and related documentation reviewed by the inspector indicates that at least 4 residents

(resident #001- #004) developed symptoms of a skin infection in March 2013. Two of these cases resulted in death (resident #001and #002). Where infection numbers were reported, they appear as the number of residents who developed a particular infection during that month. This method is not consistent with best practices. This method captures the infection but does not capture the population at risk of infection. There is no denominator data presented. The PIDAC document recommends that infection rates be expressed per resident day. This is known as incidence density rates, and it allows for more accurate infection rate comparisons. The PIDAC document indicates that it is common practice to calculate infection rates monthly, in order for the infection control team to track and respond to changing risk of infections, and to summarize and present surveillance data quarterly to stakeholders, such as resident care staff and other committees. It is noted that in June 2012, Ministry of Health and Long Term Care Home inspectors identified that the home was without an infection control committee. During the inspection, June 11-14th 2013, the inspector noted that the first meeting of the new infection control committee was held on May 10th 2013.

The PIDAC document indicates that surveillance data should be interpreted, to identify areas of improvements that can be implemented, and compared to the home's own previous infection rates and benchmarks, and/or to external standards or benchmarks. The inspector found that the home has not established what its baseline infection rates are and therefore is unable to undertake the process of interpreting data for the purposes of implementing improvements in the infection prevention and control program or for making comparisons with benchmarks. This ultimately presents a risk to the residents at the home. As well, this may be contributing to the home's outbreak rates.

It is noted that between August 2012 and December 2012, the Thunder Bay District Health Unit (TBDHU) declared a respiratory outbreak at the home every two months. It is further noted that three months later, in March 2013, the TBDHU declared both a respiratory outbreak and Group A. Streptococcus (GAS) outbreak at the home. A representative from the TBDHU informed the inspector that the respiratory outbreak affected 10 residents, with one related death (resident #005) and 3 related hospitalizations (resident #006-#008). The GAS outbreak included one resident death (resident #001), which was a confirmed case of invasive GAS infection (resident #001), otherwise known as necrotizing fasciitis. During the GAS outbreak, the home reported, in a Critical

Incident Report, that a second resident (#002) died as a result of a necrotic skin condition. This case was related to an infection with a different infectious organism.
(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2013

Order # / Ordre no : 002 **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 will ensure that the infection prevention and control program is updated and evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, by October 31, 2013. The licensee will ensure that a written record is kept relating to the program evaluation 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 those changes were implemented. The licensee will ensure that an annual evaluation and updating process is put into place.

Grounds / Motifs :

1. The licensee has failed to comply with O. Reg. 79/10, s. 229 (2)(d) in that the infection prevention and control program has not been evaluated and updated annually in accordance with evidence based practices or prevailing practices.

Over the course of the inspection, June 11th- 14th 2013, the inspector could not find evidence that the Infection Prevention and Control (IPAC) program has

been evaluated and updated annually in accordance with evidence based practices or prevailing practices. It is noted that key management staff currently involved in the IPAC program are new to the home and/or to their positions at the time of the inspection and as such are unable to speak to what has occurred in the past. The former Director of Care was the coordinator of the IPAC program and worked with the former Assistant Director of Care to collect monthly infection data. There was no interdisciplinary team in place to co-cordinate and implement the IPAC program from at least June 2012 - May 2013. No written record, as per O. Reg. 79/10, s.229(2)e, detailing an annual evaluation of the IPAC program, was found during the inspection.

The inspector reviewed a variety of the licensee's IPAC related policies that were found in the 4th floor Outbreak Management binder (ie. "Outbreak Management: Control Measures": ICM-A-200, "Outbreak Management: On-going Surveillance": ICM-A-220, "Outbreak Management: Specimen Collection Standard Precautions/Routine Practices: Handling Contaminated Materials from Isolation Room": ICM-B-110) and noted that all but one have an approval date of September 2001 on them. Policy ICM-C-10, "Additional Precautions: Additional Precautions" is the exception and is dated March 2007. The inspector found a two internal guidelines, thought to have been developed by the former Director of Care, within the unit 4 Outbreak Binder. These guidelines are titled "Clinical Guideline for Outbreak" and "Clinical Guidelines for Influenza Outbreak". These guidelines are not dated. These guidelines direct that in an outbreak, visitors are to be restricted except for compassionate reasons. This would be a violation of Resident's Rights, as per LTCHA, 2007, S.O. 2007, c.8, s.3(14) which indicates that residents have the right to receive visitors. Policy ICM-B-100, dated September 2001, titled "Standard Precautions/Routine Practices: Initiating Strict/Total Isolation" states that "strict isolation will be enforced when a resident is diagnosed with or suspected of having a contagious or communicable disease which cannot be contained by expanded precautions, e.g. TB, scabies, VRE, C. Difficile". The policy, ICM-B-100, directs the Director of Care or Charge Nurse to obtain a physician's order for isolation and to post appropriate signs on the resident's door indicating the type of isolation and barriers required. Putting barriers in place to hinder a resident from leaving their room would contravene Residents Rights not to be restrained as per LTCHA, 2007, S.O. 2007, c.8, s.3 (13). This policy, ICM-B-100, is not in line with evidence based practices for the management of TB, scabies, VRE or C. Difficile. For example, a resident with active TB requires an airborne infection isolation room and could not be cared

for at the LTC home as such facilities do not exist there. A resident with VRE typically requires contact precautions but can safely interact with other residents and would not need to be isolated to their bedroom. It is the same case for residents with scabies, and for residents with C. difficile.

The home's newly appointed coordinator of the IPAC program, the Resident Services Coordinator (RSC), explained that the licensee is currently updating IPAC related policies. The new IPAC manual index (dated May 22, 2013) was printed and provided to the inspector, by the RSC, on June 11th 2013, during the inspection. This index shows that 6 of 35 IPAC policies were revised in April or May 2013. The RSC indicated that these IPAC policies have not been introduced to staff or implemented in the home at the time of the inspection. It is noted that the licensee has a 3 year scheduled review cycle for IPAC policies , which is not consistent with the need for annual evaluation and updating. For example, the index indicates that IPAC policy IPC-B-10, "Routine Practices" has a revised date of April 2013, and that the next scheduled review date noted in the index is April 2016. There is no written record, relating to these updates, as is required by O. Reg. 79/10, s.229(e).
(133)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2013

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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 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
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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 SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 29th day of July, 2013

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector / Nom de l'inspecteur : JESSICA LAPENSEE

Service Area Office / Bureau régional de services : Sudbury Service Area Office

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Sudbury Service Area Office
159 Cedar Street, Suite 403
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 403
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jul 29, 2013	2013_204133_0016	S-000209-13	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT, 8TH FLOOR, MISSISSAUGA, ON, L5R-4B2

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

LAKEHEAD MANOR
135 SOUTH VICKERS STREET, THUNDER BAY, ON, P7E-1J2

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 11th - 14th 2013

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, the Resident Services coordinator, the Regional Manager of Clinical Services, the Nursing Secretary and registered and non registered nursing staff.

During the course of the inspection, the inspector(s) reviewed four Critical Incident Reports; reviewed a variety of documentation related to the Group A Streptococcus outbreak; reviewed infection prevention and control policies; reviewed the heath care record of several residents; reviewed documentation related to infection surveillance; reviewed minutes from the home's first meeting of the infection control committee of May 2013; reviewed documentation related to the education of the staff member designated to coordinate the infection prevention and control program; reviewed documentation related to the home's hand hygiene program.

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

Findings of Non-Compliance were found during this inspection.

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	Legendé 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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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).

s. 229. (7) The licensee shall implement any surveillance protocols given by the Director for a particular communicable disease. O. Reg. 79/10, s. 229 (7).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 229 (2)(d) in that the infection prevention and control program has not been evaluated and updated annually in accordance with evidence based practices or prevailing practices.

Over the course of the inspection, June 11th- 14th 2013, the inspector could not find evidence that the Infection Prevention and Control (IPAC) program has been evaluated and updated annually in accordance with evidence based practices or prevailing practices. It is noted that key management staff currently involved in the IPAC program are new to the home and/or to their positions at the time of the inspection and as such are unable to speak to what has occurred in the past. The former Director of Care was the coordinator of the IPAC program and worked with the former Assistant Director of Care to collect monthly infection data. There was no interdisciplinary team in place to co-cordinate and implement the IPAC program from at least June 2012 to May 2013. No written record, as per O. Reg. 79/10, s.229(2)e, detailing an annual evaluation of the IPAC program, was found during the inspection.

The inspector reviewed a variety of the licensee's IPAC related policies that were found in the 4th floor Outbreak Management binder (ie. "Outbreak Management: Control Measures": ICM-A-200, "Outbreak Management: On-going Surveillance": ICM-A-220, "Outbreak Management: Specimen Collection Standard Precautions/Routine Practices: Handling Contaminated Materials from Isolation Room": ICM-B-110) and noted that all but one have an approval date of September 2001 on them. Policy ICM-C-10, "Additional Precautions: Additional Precautions" is the exception and is dated March 2007. The inspector found 2 internal guidelines, thought to have been developed by the former Director of Care, within the unit 4 Outbreak Binder. These guidelines are titled "Clinical Guideline for Outbreak" and "Clinical Guidelines for Influenza Outbreak". These guidelines are not dated. These guidelines direct that in an outbreak, visitors are to be restricted except for compassionate reasons. This would be a violation of Resident's Rights, as per LTCHA, 2007, S.O. 2007, c.8, s.3 (14) which indicates that residents have the right to receive visitors. Policy ICM-B-100, dated September 2001, titled "Standard Precautions/Routine Practices: Initiating Strict/Total Isolation" states that "strict isolation will be enforced when a resident is diagnosed with or suspected of having a contagious or communicable disease which cannot be contained by expanded precautions, e.g. TB, scabies, VRE, C. Difficile". The policy, ICM-B-100, directs the Director of Care or Charge Nurse to obtain a physician's order for isolation and to post appropriate signs on the resident's door indicating the type of isolation and barriers required. Putting barriers in place to hinder

a resident from leaving their room would contravene Residents Rights not to be restrained as per LTCHA, 2007, S.O. 2007, c.8, s.3(13). This policy, ICM-B-100, is not in line with evidence based practices for the management of TB, scabies, VRE or C. Difficile. For example, a resident with active TB requires an airborne infection isolation room and could not be cared for at the LTC home as such facilities do not exist there. A resident with VRE typically requires contact precautions but can safely interact with other residents and would not need to be isolated to their bedroom. It is the same case for residents with scabies, and for residents with C. difficile.

The home's newly appointed coordinator of the IPAC program, the Resident Services Coordinator (RSC), explained that the licensee is currently updating IPAC related policies. The new IPAC manual index (dated May 22, 2013) was printed and provided to the inspector, by the RSC, on June 11th 2013, during the inspection. This index shows that 6 of 35 IPAC policies were revised in April or May 2013. The RSC indicated that these IPAC policies have not been introduced to staff or implemented in the home at the time of the inspection. It is noted that the licensee has a 3 year scheduled review cycle for IPAC policies which is not consistent with the need for annual evaluation and updating. For example, the index indicates that IPAC policy IPC-B-10, "Routine Practices" has a revised date of April 2013, and that the next scheduled review date noted in the index is April 2016. There is no written record, relating to these updates, as is required by O. Reg. 79/10, s.229(e). [s. 229. (2) (d)]

2. The licensee has failed to comply with O. Reg. 79/10, s. 229(7) as a directive given to the licensee by the Director with regards to infection surveillance has not been implemented.

On December 20, 2012, the Director issued a directive in a memorandum to Long Term Care Licensees and Administrators. The directive was as follows: "Notice to utilize the PIDAC document as authoritative evidence-based practice for the purposes of standardized screening protocols and definitions". This directive was made by the Director under the authority of O. Reg. 79/10, s. 229 (7), and was made in order to address a recommendation from the Ontario Auditor General that Long Term Care homes should identify and track infections in a consistent and comparable manner, using standard definitions and surveillance methods. The Provincial Infectious Disease Advisory Committee (PIDAC) document referred to is titled "Best Practices for Surveillance of Health Care-associated Infections in Patient and Resident Populations, October 2011". The home's infection prevention and control program

has not been updated to include standardized definitions and surveillance practices in accordance with this PIDAC document, as per the Director's directive of December 2012.

During the onsite inspection, June 11th-14th 2013, the inspector reviewed the home's infection surveillance system. In summary, the Licensee, Revera Long Term Care Inc., collects national monthly statistics known as "Performance Indicators" from the long-term care (LTC) homes they operate. Of the 47 indicators that the LTC homes reports on, there are 9 in the category of infection control and 1 within the category of continence care that is related to infection control. The home's Assistant Director of Care (ADOC) explained to the inspector that she collects the numbers for the infection control related indicators and provides them to the Director of Care (DOC), who then reports them to the licensee. The ADOC explained to the inspector that she compiles these monthly numbers based on a variety of sources, including the RN 24 hour reports, lab reports, resident health care record reviews, discussions with nursing staff and monthly prescribed medication reports. The ADOC explained that all of this is necessary because nursing staff are not using a daily infection control surveillance form to capture infections on each unit. The staff member designated to coordinate the infection prevention and control program, the Resident Services Coordinator (RSC), showed the inspector 2 existing versions of a daily infection control surveillance form but it was noted that neither were currently in use. In collaboration with a representative of the Northwestern Ontario Infection Control Network, another version of such a form was under development at the time of the inspection. It is noted that the DOC and ADOC are new to their positions at the time of the inspection and the RSC is new to the position of designated coordinator for the infection prevention and control program at the time of the inspection.

The infection control related performance indicator data collection and reporting process, being conducted by the home's ADOC and DOC, is the formalized infection surveillance system in place at the home at the time of the inspection. The PIDAC document recommends that syndromic surveillance of respiratory infections and gastroenteritis should be undertaken in all LTC homes. Surveillance for skin and soft tissue infections and symptomatic urinary tract infections is also recommended. Other infections chosen for surveillance should be a result of an evaluation of the population served by the LTC home, and consideration should also be given to the frequency of the infection, the impact of the infection and the preventability of the infection. On page 4 of the PIDAC document, it is stated that "collection of infection data for

surveillance purposes must be done using validated, published definitions of health care associated infections". Appendix C of the PIDAC document provides such standardized definitions, and they are to be used for all infections under surveillance in a LTC home. The PIDAC document indicates that these case definitions must be consistently and accurately applied in order to allow for the assessment of trends over time as part of the LTC homes internal benchmarking system.

The Revera infection surveillance system does not capture the category of gastroenteritis, as per the standardized case definitions in Appendix C of the PIDAC document.

The Revera infection surveillance system captures the specific category of pneumonia, but it does not capture the other 3 categories of respiratory tract infection, as per the standardized case definitions in Appendix C of the PIDAC document.

The Revera infection surveillance system captures skin infections and urinary tract infections, however the case definitions in use do not mirror the standardized case definitions in Appendix C of the PIDAC document.

During the inspection, June 1th-14th 2013, the inspector was given the home's performance indicator history summary for the time span June 2012 – May 2013 by the home's Regional Manager of Clinical Services. It is noted that there was no reporting of any indicators, including the infection control indicators, for the months of June, September, October, November, December 2012 and March 2013. This is recognized as a failure of the management team in place at the time, who are no longer working at the home, as it is recognized by the current management team that there were infections to report. For example, the home recently experienced a Group A Streptococcus outbreak, and related documentation reviewed by the inspector indicates that at least 4 residents (#001-#004) developed symptoms of a skin infection in March 2013. Two of these cases resulted in death. Where infection numbers were reported, they appear as the number of residents who developed a particular infection during that month. This method is not consistent with best practices. This method captures the infection but does not capture the population at risk of infection. There is no denominator data presented. The PIDAC document recommends that infection rates be expressed per resident day. This is known as incidence density rates, and it allows for more accurate infection rate comparisons. The PIDAC document indicates that it is common practice to calculate infection rates monthly, in order for the infection

control team to track and respond to changing risk of infections, and to summarize and present surveillance data quarterly to stakeholders, such as resident care staff and other committees. It is noted that in June 2012, Ministry of Health and Long Term Care Home inspectors identified that the home was without an infection control committee. During the inspection, June 11-14th 2013, the inspector noted that the first meeting of the new infection control committee was held on May 10th 2013.

The PIDAC document indicates that surveillance data should be interpreted, to identify areas of improvements that can be implemented, and compared to the home's own previous infection rates and benchmarks, and/or to external standards or benchmarks. The inspector found that the home has not established what its baseline infection rates are and therefore is unable to undertake the process of interpreting data for the purposes of implementing improvements in the infection prevention and control program or for making comparisons with benchmarks. This ultimately presents a risk to the residents at the home. As well, this may be contributing to the home's outbreak rates.

It is noted that between August 2012 and December 2012, the Thunder Bay District Health Unit (TBDHU) declared a respiratory outbreak at the home every two months. It is further noted that three months later, in March 2013, the TBDHU declared both a respiratory outbreak and Group A. Streptococcus (GAS) outbreak at the home. A representative from the TBDHU informed the inspector that the respiratory outbreak affected 10 residents, with one related death (resident #005) and 3 related hospitalizations (resident #006-#008). The GAS outbreak included one resident death (resident #001), which was a confirmed case of invasive GAS infection (resident #001), otherwise known as necrotizing fasciitis.
During the GAS outbreak, the home reported, in a Critical Incident Report, that a second resident (#002) died as a result of a necrotic skin condition. This case was related to an infection with a different infectious organism. [s. 229. (7)]

Additional Required Actions:

CO # - 001, 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 29th day of July, 2013

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

Linda Toner, Manager / for Jessica Lapensee