



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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

**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 : 2014_304133_0002

Log No. /

Registre no: S-000331-13, S-000330-13

Type of Inspection /

Genre

Follow up

d'inspection:

Report Date(s) /

Date(s) du Rapport : Feb 13, 2014

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:



**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



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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 # /
Ordre no : 001 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre 2013_204133_0016, CO #002;
existant:

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 :



**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

The licensee will prepare, submit and implement a plan with achieving compliance with O. Reg, 79/10, s. 229 (2) (d), which requires the licensee to ensure that the home's infection prevention and control (IPAC) program is evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. The plan must clearly identify what evidence based practices the IPAC program is to be evaluated against. The plan must identify how this evaluation will be completed by April 14th, 2014. Should the licensee chose to have the IPAC policies and procedures evaluated annually at the home level, the plan must provided specific details as to how the policies will be evaluated in accordance with evidence-based practices, as opposed to a simple review process. The plan must also speak specifically to the Infection Surveillance - Ontario policy, #IPC-J-10-ON, as the associated Revera surveillance form does not comply with identified best practices for Ontario. The plan will outline how the program evaluation will be supported by a documented record, as prescribed by O. Reg. 70/10, s. 229 (2)(e), which must be completed by April 14th, 2014, and made readily available for review at the time of follow up inspection.

This plan may be submitted in writing to Long Term Care Home inspector Jessica Lapensée at 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4. Alternately, the plan may be faxed to the inspector's attention at (613) 569-9670. This plan must be received by February 21st, 2014. This plan must be fully implemented by April 14, 2014.

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 was not evaluated and updated annually in accordance with evidence based practices or prevailing practices.

On July 29th, 2013, as a result of complaint inspection #2013_204133_0016, the licensee was issued Compliance Order #002, pursuant to O. Reg. 79/10, s.229 (2)(d), which directed the licensee to ensure that the Infection Prevention and Control (IPAC) Program was evaluated and updated in accordance with evidence-based practices. Furthermore, the licensee was ordered to produce a written record of the program evaluation, including 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, as per O. Reg. 79/10, s. 229 (2)(e). The compliance date for this Order was October 31st, 2013.



**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*

On January 30th, 2014, during the follow up inspection, it was confirmed to the inspector, by the Administrator, the designated lead for the Infection Prevention and Control Program, and the Revera Regional Manager of Clinical Services, that the home's IPAC Program was not updated and evaluated in accordance with evidence-based practices following the issuance of the Compliance Order referred to above.

The IPAC Program includes, but is not limited to, all IPAC related policies and procedures, and therefore all said policies are to be included in the annual process of evaluation and updating, as needed, in accordance with evidence based practices, with supporting documentation maintained as required. On January 30th, 2014, the Revera Regional Manager of Clinical Services stated to the inspector that while many of the Revera National IPAC policies and procedures were evaluated, updated and provided to Revera Long-Term Care Homes in 2013, the process is ongoing and is not on an annual cycle. For example, the Clostridium Difficile Associated Diseases policy, #IPC-D-20, last revised in December 2012, was updated and provided to all Revera LTCHs on January 28th, 2014, and work remains to be done on the development of updated Standard Operating Procedures (SOP) that are specific to Ontario, such as the SOP related to the Antibiotic Resistant Organisms, policy #IPC-D-10. The inspector reviewed the Revera Infection Prevention and Control Manual Index, dated January 2014, and noted that of the 33 IPAC policies referenced, there were 13 with a revised date of a specified month in 2012, 2 of which have a scheduled review date of January 2014, and the remaining did not have a scheduled review date indicated. Policies noted to have been revised in 2013 either had no identified scheduled review date or had an identified scheduled review date of 2016.

The inspector reviewed the licensee's "Infection Surveillance - Ontario" policy, #IPC-J-10-ON, effective date July 2013. This policy directs the Ontario Revera Long-Term Care homes to complete the "Resident Home Area Daily Infection Control Surveillance Form (ON)", using the definitions that are found on the lower part of the form to classify infections. These definitions do not mirror the standardized case definitions found in the Provincial Infectious Disease Advisory Committee (PIDAC) best practices document (Appendix C) titled "Best Practices for Surveillance of Health Care Associated Infections in Patient and Resident Populations, October 2011". Specifically, the definitions for respiratory tract infections (x4), ear infections and wound infections on the Ontario form do not



**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*

mirror the PIDAC definitions. In December 2012, all Long-Term Care Licensees and Administrators were specifically directed by the Ministry of Health and Long-Term Care to evaluate and update their surveillance programs in accordance with the PIDAC surveillance document, as it represents the best practices for Ontario. Although policy #IPC-J-10-ON has an effective date of July 2013, the associated surveillance form does not reflect identified best practices for the province of Ontario.

At the time of the inspection, there was no annual process in place to ensure that the home's IPAC Program, including all associated policies and procedures, is evaluated and updated, as needed, in accordance with evidence-based practices, and that documentation of this process, as prescribed, is produced.

(133)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Apr 14, 2014



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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 # / **Order Type /**
Ordre no : 002 **Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

Linked to Existing Order /
Lien vers ordre 2013_204133_0016, CO #001;
existant:

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 :



**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

The licensee will prepare, submit and implement a plan for achieving compliance with O. Reg. 79/10, s. 229 (7). Specifically, the licensee's plan will ensure that the home's infection prevention and control program includes standardized definitions and surveillance practices in accordance with the PIDAC evidence-based document "Best Practices for Surveillance of Health Care Associated Infections in Patient and Resident Populations", as was directed by the Director, in a memo to all Long-Term Care Home Licensees and Administrators, on December 20th, 2012. The plan must outline how the Registered Nurses (RNs) who have daily responsibility for the Lakehead Manor Resident Home Area Daily Infection Control Surveillance Form will receive formalized education, by February 28th, 2014, in the consistent and accurate application of the standardized case definitions in use on the form. The plan must outline how these RNs will be periodically, and formally, assessed to ensure inter-rater reliability, as per the PIDAC document. The education and periodic assessment are to be documented, and the first formalized assessment is to be conducted by March 31st, 2014. The plan must include the calculation of the home's infection incidence rates for January 2014, and if they are to be generated by the home's Point of Care Program, it must be clearly demonstrated that the program is using the standardized case definitions as per the PIDAC document, which are in use on the Lakehead Manor surveillance form, but not on the Revera corporate surveillance form at the time of the inspection. The plan must outline in detail how the home will establish its baseline infection rates, by April 14th, 2014. The plan must speak, in detail, to how the surveillance data will be analyzed and interpreted to identify areas where improvements to infection prevention and control practices can be implemented. The plan must speak, in to detail, to how the licensee will ensure that, overall, the home's infection prevention and control surveillance program is in line with the PIDAC document.

This plan may be submitted in writing to Long Term Care Home inspector Jessica Lapensée at 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4. Alternately, the plan may be faxed to the inspector's attention at (613) 569-9670. This plan must be received by February 21st, 2014. This plan must be fully implemented by April 14, 2014.

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 fully implemented.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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

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". This document will be referred to below as "the PIDAC document"

On July 29th, 2013, as a result of complaint inspection #2013_204133_0016, the licensee was issued Compliance Order #001, pursuant to O. Reg. 79/10, s.229 (7), which directed the licensee to develop and implement an infection surveillance system as is outlined in the PIDAC document. The Compliance Order specifically directed the licensee to follow recommended practices found throughout the PIDAC document.

During the follow up inspection, January 29th-31st, 2014, the inspector was made aware that following the receipt of the Compliance Order, the home's lead for the Infection Prevention and Control (IPAC) Program updated the case definitions on the Lakehead Manor infection surveillance tool, titled "Resident Home Area (RHA) Daily Infection Control Surveillance Form, to mirror the PIDAC document standardized case definitions as required. The home's Registered Nurses (RNs) were given the daily responsibility for completing this surveillance form. The RNs are expected to assess residents with possible infections, upon request by care unit nursing staff, and fill out the form with required information such as signs and symptoms and type of infection. The IPAC lead collects the form at the end of the month, reviews the information, and tallies the numbers of each type of infection for discussion and reporting purposes.

While it is not in use at Lakehead Manor, it is noted that the Revera corporate "Resident Home Area (RHA) Daily Infection Control Surveillance Form" for all Revera Ontario Long-Term Care Homes has not been updated to mirror the PIDAC standardized case definitions.



**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*

The PIDAC document indicates that staff who are applying the standardized case definitions should receive training in the consistent and correct application of case definitions for surveillance. As well, the PIDAC document directs that the reliability in application of case definitions by those staff should be assessed. During the follow up inspection, January 29th – 31st, 2014, the inspector reviewed the completed surveillance forms for October 2013 – January 2014. There were many examples found where the signs and symptoms noted by the RN did not support the conclusion of one of the defined infections, or where the RN did not make a conclusion as to infection type. The inspector asked two RNs, #S103 and #S104, if they had received training in the consistent and correct application of case definitions, or had been assessed with regards to reliable application of case definitions. Both RNs asserted they had no such training and no such assessment. The IPAC lead told the inspector that there had been some informal 1:1 training for the RNs, but that no documentation had been maintained, as was specifically required by the Compliance Order issued to the home in July 2013.

The PIDAC document specifically directs Long-Term Care Homes to express the data collected with regards to infections as a rate, known as an incidence rate. The PIDAC document specifies that “A surveillance rate includes the number of cases (numerator component) developing in the population at risk (denominator component). Therefore, a surveillance system must be able to collect data on the overall population at risk for acquiring health care associated infections, as well as the individual residents who actually acquire the disease” (p.36). The use of incidence rates allows for the establishment of baseline infection rates and for more accurate comparison of infection rates, both internally and externally. During the follow up inspection, January 29th – 31st, 2014, the IPAC lead and the inspector reviewed the home’s Infection statistics for June 2013, August – December 2013. It was noted that the home continues to report the number of residents who developed a particular infection during the specified month. This method captures the infection, but does not capture the population at risk of infection. There is no denominator data presented, and it is not in line with best practices. In addition, the home has not yet established baseline infection rates. The Revera “Infection Surveillance” policy, #IPC-J-10, review date June 2013, also speaks to the need to use incidence rates and the establishment of a baseline for all types of infections. The Revera Ontario specific Infection Surveillance policy, #IPC-J-10-ON, effective date July 2013, speaks to the interpretation of monthly infection data in relation to the established baseline rate for the Home.



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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

(133)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Apr 14, 2014**



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et
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

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



**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

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.



**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

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, 11^e 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**

**Ministère de la Santé et
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

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 13th day of February, 2014

**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**

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

**Ministère de la Santé et des
Soins de longue durée**

**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**

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Feb 13, 2014	2014_304133_0002	S-000331- 13, S- 000330-13	Follow up

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



**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**

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

**This inspection was conducted on the following date(s): January 29th - 31st,
2014**

**During the course of the inspection, the inspector(s) spoke with the
Administrator, the Assistant Director of Care, the Resident Services Coordinator
who is also the designated lead for the Infection Prevention and Control
Program, a Revera corporate Manager of Clinical Services, registered and non
registered nursing staff.**

**During the course of the inspection, the inspector(s) reviewed policies,
procedures and documentation related to the home's Infection Prevention and
Control 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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

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



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

Infection Prevention and Control Program was not evaluated and updated annually in accordance with evidence based practices or prevailing practices.

On July 29th, 2013, as a result of complaint inspection #2013_204133_0016, the licensee was issued Compliance Order #002, pursuant to O. Reg. 79/10, s.229 (2)(d), which directed the licensee to ensure that the Infection Prevention and Control (IPAC) Program was evaluated and updated in accordance with evidence-based practices. Furthermore, the licensee was ordered to produce a written record of the program evaluation, including 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, as per O. Reg. 79/10, s. 229 (2)(e). The compliance date for this Order was October 31st, 2013.

On January 30th, 2014, during the follow up inspection, it was confirmed to the inspector, by the Administrator, the designated lead for the Infection Prevention and Control Program, and the Revera Regional Manager of Clinical Services, that the home's IPAC Program was not updated and evaluated in accordance with evidence-based practices following the issuance of the Compliance Order referred to above.

The IPAC Program includes, but is not limited to, all IPAC related policies and procedures, and therefore all said policies are to be included in the annual process of evaluation and updating, as needed, in accordance with evidence based practices, with supporting documentation maintained as required. On January 30th, 2014, the Revera Regional Manager of Clinical Services stated to the inspector that while many of the Revera National IPAC policies and procedures were evaluated, updated and provided to Revera Long-Term Care Homes in 2013, the process is ongoing and is not on an annual cycle. For example, the Clostridium Difficile Associated Diseases policy, #IPC-D-20, last revised in December 2012, was updated and provided to all Revera LTCHs on January 28th, 2014, and work remains to be done on the development of updated Standard Operating Procedures (SOP) that are specific to Ontario, such as the SOP related to the Antibiotic Resistant Organisms, policy #IPC-D-10. The inspector reviewed the Revera Infection Prevention and Control Manual Index, dated January 2014, and noted that of the 33 IPAC policies referenced, there were 13 with a revised date of a specified month in 2012, 2 of which have a scheduled review date of January 2014, and the remaining did not have a scheduled review date indicated. Policies noted to have been revised in 2013 either had no identified scheduled review date or had an identified scheduled review date of 2016.



The inspector reviewed the licensee's "Infection Surveillance - Ontario" policy, #IPC-J-10-ON, effective date July 2013. This policy directs the Ontario Revere Long-Term Care homes to complete the "Resident Home Area Daily Infection Control Surveillance Form (ON)", using the definitions that are found on the lower part of the form to classify infections. These definitions do not mirror the standardized case definitions found in the Provincial Infectious Disease Advisory Committee (PIDAC) best practices document (Appendix C) titled "Best Practices for Surveillance of Health Care Associated Infections in Patient and Resident Populations, October 2011". Specifically, the definitions for respiratory tract infections (x4), ear infections and wound infections on the Ontario form do not mirror the PIDAC definitions. In December 2012, all Long-Term Care Licensees and Administrators were specifically directed by the Ministry of Health and Long-Term Care to evaluate and update their surveillance programs in accordance with the PIDAC surveillance document, as it represents the best practices for Ontario. Although policy #IPC-J-10-ON has an effective date of July 2013, the associated surveillance form does not reflect identified best practices for the province of Ontario.

At the time of the inspection, there was no annual process in place to ensure that the home's IPAC Program, including all associated policies and procedures, is evaluated and updated, as needed, in accordance with evidence-based practices, and that documentation of this process, as prescribed, is produced. [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 fully 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". This document will be referred to below as "the PIDAC document"



**Ministry of Health and
Long-Term Care**

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

**Ministère de la Santé et des
Soins de longue durée**

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

On July 29th, 2013, as a result of complaint inspection #2013_204133_0016, the licensee was issued Compliance Order #001, pursuant to O. Reg. 79/10, s.229 (7), which directed the licensee to develop and implement an infection surveillance system as is outlined in the PIDAC document. The Compliance Order specifically directed the licensee to follow recommended practices found throughout the PIDAC document.

During the follow up inspection, January 29th-31st, 2014, the inspector was made aware that following the receipt of the Compliance Order, the home's lead for the Infection Prevention and Control (IPAC) Program updated the case definitions on the Lakehead Manor infection surveillance tool, titled "Resident Home Area (RHA) Daily Infection Control Surveillance Form, to mirror the PIDAC document standardized case definitions as required. The home's Registered Nurses (RNs) were given the daily responsibility for completing this surveillance form. The RNs are expected to assess residents with possible infections, upon request by care unit nursing staff, and fill out the form with required information such as signs and symptoms and type of infection. The IPAC lead collects the form at the end of the month, reviews the information, and tallies the numbers of each type of infection for discussion and reporting purposes.

While it is not in use at Lakehead Manor, it is noted that the Revera corporate "Resident Home Area (RHA) Daily Infection Control Surveillance Form" for all Revera Ontario Long-Term Care Homes has not been updated to mirror the PIDAC standardized case definitions.

The PIDAC document indicates that staff who are applying the standardized case definitions should receive training in the consistent and correct application of case definitions for surveillance. As well, the PIDAC document directs that the reliability in application of case definitions by those staff should be assessed. During the follow up inspection, January 29th – 31st, 2014, the inspector reviewed the completed surveillance forms for October 2013 – January 2014. There were many examples found where the signs and symptoms noted by the RN did not support the conclusion of one of the defined infections, or where the RN did not make a conclusion as to infection type. The inspector asked two RNs, #S103 and #S104, if they had received training in the consistent and correct application of case definitions, or had been assessed with regards to reliable application of case definitions. Both RNs asserted they had no such training and no such assessment. The IPAC lead told the inspector that there had been some informal 1:1 training for the RNs, but that no documentation had been maintained, as was specifically required by the Compliance Order issued to



the home in July 2013.

The PIDAC document specifically directs Long-Term Care Homes to express the data collected with regards to infections as a rate, known as an incidence rate. The PIDAC document specifies that "A surveillance rate includes the number of cases (numerator component) developing in the population at risk (denominator component). Therefore, a surveillance system must be able to collect data on the overall population at risk for acquiring health care associated infections, as well as the individual residents who actually acquire the disease" (p.36). The use of incidence rates allows for the establishment of baseline infection rates and for more accurate comparison of infection rates, both internally and externally. During the follow up inspection, January 29th – 31st, 2014, the IPAC lead and the inspector reviewed the home's Infection statistics for June 2013, August – December 2013. It was noted that the home continues to report the number of residents who developed a particular infection during the specified month. This method captures the infection, but does not capture the population at risk of infection. There is no denominator data presented, and it is not in line with best practices. In addition, the home has not yet established baseline infection rates. The Revera "Infection Surveillance" policy, #IPC-J-10, review date June 2013, also speaks to the need to use incidence rates and the establishment of a baseline for all types of infections. The Revera Ontario specific Infection Surveillance policy, #IPC-J-10-ON, effective date July 2013, speaks to the interpretation of monthly infection data in relation to the established baseline rate for the Home. [s. 229. (7)]

Additional Required Actions:

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

WN #2: 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. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
 - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
 - (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**



Findings/Faits saillants :

1. The licensee has failed to comply with LTCHA, 2007, S.O. 2007, c.8, s.6 (1) (c) in that a resident's plan of care does not provide clear direction to staff and others who provide direct care to the resident, specifically related to identified infections and the need for enhanced infection prevention and control practices.

On January 30th, 2014, during the inspection, the inspector approached two Personal Support Workers (PSWs), #S100 and #S101, on an identified care unit and inquired why enhanced infection prevention and control precautions (contact precautions) were required when providing care to resident #001. Both PSWs indicated that this resident had an infection, but were not aware of what it was. The inspector asked the PSWs to find out what the infection was, and they were unaware of how to do so. The inspector then approached the Registered Practical Nurse (RPN) working on the care unit, #S102, and asked them what the infection was. The RPN attempted to locate the residents electronic care plan, through the Point Click Care (PCC) program, but was unable to access it, and was not aware of any other way to access it. The RPN was, however, able to refer to the resident's dashboard within PCC, and as a result of the information within the "allergies" section, declared to the inspector that this resident was on contact precautions because they had tested positive for Extended Spectrum Beta Lactamase (ESBL) producing bacteria in the rectum, and that they had tested positive for Methicillin Resistant Staphylococcus Aureus (MRSA) in the nares. During this discussion, the home's Assistant Director of Care (ADOC) arrived on the care unit to help the RPN find resident #001's care plan within PCC. The ADOC was also unable to access the care plan, and then recalled that a process had been implemented to review and revise all resident's care plans, and a result of this process was that the current care plan was rendered inaccessible to staff through PCC. The ADOC further explained that the process had not yet been completed, and the care plans for a number of residents on resident #001's care unit remained to be done. The ADOC reminded the RPN that all resident's care plans are printed and can be found within the "Care Plan" binder at the nurse station. The ADOC, the RPN, and the inspector reviewed the two documents relevant to resident #001 that were available within the binder. The first document, the MDS Kardex report, print date 1/29/14, mirrored the PCC dashboard, and indicated resident #001 was on precautions as they were ESBL positive rectal and MRSA positive nasal. The second document, the care plan, review date of 8/8/2013, in the allergies section, indicated that resident #001 was on precautions because they are ESBL positive rectal. Within the body of the care plan document however, it was indicated that resident #001 was ESBL positive in urine. The inspector reviewed resident #001's paper chart, and found lab results that



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

indicated the resident was not MRSA positive in the nares, was not ESBL positive in the urine, but had tested positive for ESBL in the rectum in May 2013. The home's lead for the Infection Prevention and Control program confirmed to the inspector that resident #001 is currently considered to be ESBL positive in the rectum, not in the urine, and in fact has never tested positive for MRSA in the nares, but was flagged as such upon admission to the home from the hospital, in April 2013.

Resident #001's plan of care, as available to nursing staff on January 30th 2014, did not provide clear direction to staff with regards to why contact precautions are required when providing direct care to the resident. [s. 6. (1) (c)]

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 with the requirement that a resident's plan of care provides clear direction to staff and others who provide direct care to the resident, specifically related to identified infections and the need for enhanced infection control practices, to be implemented voluntarily.

Issued on this 13th day of February, 2014

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

Jessica Lapensee