

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

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

**Long-Term Care Operations Division
Long-Term Care Inspections Branch**

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015

Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015

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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
Nov 26, 2021	2021_876606_0024	012684-21, 012756-21	Critical Incident System

Licensee/Titulaire de permis

Villa Forum
175 Forum Drive Mississauga ON L4Z 4E5

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

Villa Forum
175 Forum Drive Mississauga ON L4Z 4E5

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

JANET GROUX (606)

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): November 17-19, and 23, 2021.

The following intakes were completed in this Critical Incident System (CIS) inspection:

Log #012684-21 and log #012756-21 regarding the home's falls prevention and management program.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Cares (ADOC), Physiotherapist (PT), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Providers (PCP), Nursing Students, and Housekeeping Staff.

During the course of the inspection, the inspectors observed resident and staff interactions, the home's Infection Prevention and Control Practices (IPAC), and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.

**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.

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Légende</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. (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 has failed to ensure that staff participated in the implementation of the infection prevention and control program when they failed to perform hand hygiene before and after donning and doffing gloves.

The home's Hand Hygiene Policy stated hand hygiene was to be performed before preparing, handling, serving or eating food, after personal body functions, when direct care was being provided, whenever a staff was in doubt about the necessity for doing so, and before donning and after doffing gloves.

During the inspection, a registered staff was observed during a medication administration pass. During the observation, the registered staff wore gloves to administer a medical treatment to four residents right after the other. After the registered staff completed the task for each of these residents, they doffed their gloves and donned a new pair of gloves without performing hand hygiene. It was observed that there was no hand sanitizer on the medication cart.

The RPN said there should have been a hand sanitizer bottle on the medication cart. They acknowledged that they should have performed hand hygiene before and after donning and doffing their gloves.

Failure of the home's staff to follow the home's hand hygiene policy increased the risk of infection transmission and could have put residents, staff and others at potential risk of harm.

Sources: Observations, the home's Hand Hygiene Policy, and interviews with staff. [s. 229. (4)]

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 staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 2nd day of December, 2021

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

Original report signed by the inspector.