Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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

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

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

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 28, 2022	2022_943988_0004	007554-21	Critical Incident System

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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

West Oak Village
2370 Third Line Oakville ON L6M 4E2

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

PARMINDER GHUMAN (706988)

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): January 12, 13, 14, 18, 19, 20 & 21, 2022

The following intake was completed during this Critical Incident System (CIS) inspection: Log #007554-21 related to fall with injury.

Inspector Yuliya Fedotova (#632) was present for the duration of this inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Resident Assessment Instrument (RAI) Coordinator, registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs) and residents.

During the course of the inspection, the inspectors toured the home and completed the IPAC checklist, observed residents and staff interactions, 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.
- **2 WN(s)**
- **1 VPC(s)**
- **1 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with 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 :

The licensee has failed to ensure that all staff participated in the implementation of the IPAC program.

a) A PSW entered into a room on Droplet/Contact Precautions by placing a N95 respirator on top of a surgical mask. This happened twice. Another PSW entered into room on Droplet/Contact precautions without wearing gown, gloves and N95. This PSW was observed to be less than two meters from the resident. Upon exiting the room PSW did not change their surgical mask or sanitize their eye protection. Another PSW entered into a room on Droplet/Contact Precautions without putting on a N95 mask. This PSW was observed to be less than two meters from the resident while feeding them.

b) Thirteen out of 13 residents who were able to feed self were not encouraged/assisted or offered hand hygiene before and after lunch. The following day, 14 out of 14 residents who were able to feed self were not encouraged/assisted or offered hand hygiene before and after afternoon snack .

RPN and IPAC Manager confirmed that as per policy and IPAC best practices, any staff member entering an additional precautions room should perform hand hygiene and don appropriate PPE. They also confirmed that residents should be assisted with hand hygiene before and after meals.

The residents were at risk for infection as staff did not use appropriate PPE when entering additional precautions rooms and assisted/encouraged or offered residents hand hygiene before and after meals and snacks.

Sources: Resident observation, review of Infection Control Policy IPC2-010.05, N95 Respirator Strategy for Staff, Hand & Personal Hygiene in Dementia Care and interview with the RPN and IPAC manager.

Additional Required Actions:

CO # - 001 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that resident , who was high risk for falls was provided care as stated in their care plan.Resident was missing wheelchair alarm when seated on a wheelchair as per the documented care plan.

Resident's documented plan of care included that a chair clip alarm to be used when on chair as an intervention to manage the resident's falls.

The resident was sitting in dining area on the wheelchair. It was observed that no wheelchair alarm was present on the resident when on the wheelchair. This was confirmed by RPN in the area who acknowledged this observation.Interviews with ADOC and RPN and review of care plan confirmed that staff failed to follow resident's plan of care for falls prevention.

The resident was at actual risk of fall due to missing wheelchair alarm when resident was on the wheelchair as specified in the care plan.

Sources: Resident observation, Care plan and electronic health record of resident ; and interviews with RPN and ADOC

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

Issued on this 15th day of February, 2022

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère 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

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) / Nom de l’inspecteur (No) :	PARMINDER GHUMAN (706988)
Inspection No. / No de l’inspection :	2022_943988_0004
Log No. / No de registre :	007554-21
Type of Inspection / Genre d’inspection:	Critical Incident System
Report Date(s) / Date(s) du Rapport :	Jan 28, 2022
Licensee / Titulaire de permis :	AXR Operating (National) LP, by its general partners c/o Revera Long Term Care Inc., 5015 Spectrum Way, Suite 600, Mississauga, ON, L4W-0E4
LTC Home / Foyer de SLD :	West Oak Village 2370 Third Line, Oakville, ON, L6M-4E2
Name of Administrator / Nom de l’administratrice ou de l’administrateur :	Jane Hiller

To AXR Operating (National) LP, by its general partners, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Long-Term Care

Ministère 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 # / No d'ordre : 001

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

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must comply with s.229(4) of O. Reg. 79/10.

Specifically, the licensee must:

1) Provide re-training to identified PSWs on Infection Prevention and Control (IPAC) practices, specifically regarding appropriate use of Personal Protective Equipment (PPE) for additional precautions.

2) A record of this training must be kept, including the training material provided, the date and a signature of the persons who attended.

3) Audit identified PSWs and any other staff entering Droplet/Contact Precautions room on the appropriate use of PPE . At least one audit must be completed per day until no further concerns arise with the specified staff following IPAC practices in accordance with the licensee's policy. A record of the audits must be kept for Long-Term Care Home (LTCH) Inspector review.

4) Audit staff for assistance with hand hygiene for residents before and after meals. At least one audit is to be completed per day until no further concerns arise with staff following IPAC practices in accordance with the licensee's policy. The audits must be completed on different home areas at different meals each day. A record of the audits must be kept for LTCH Inspector review.

Grounds / Motifs :

1. The licensee has failed to ensure that all staff participated in the implementation of the IPAC program.

a) A PSW entered into a room on Droplet/Contact Precautions by placing a N95

respirator on top of a surgical mask. This happened twice. Another PSW entered into room on Droplet/Contact precautions without wearing gown, gloves and N95. This PSW was observed to be less than two meters from the resident. Upon exiting the room PSW did not change their surgical mask or sanitize their eye protection. Another PSW entered into a room on Droplet/Contact Precautions without putting on a N95 mask. This PSW was observed to be less than two meters from the resident while feeding them.

b) Thirteen out of 13 residents who were able to feed self were not encouraged/assisted or offered hand hygiene before and after lunch. The following day, 14 out of 14 residents who were able to feed self were not encouraged/assisted or offered hand hygiene before and after afternoon snack .

RPN and IPAC Manager confirmed that as per policy and IPAC best practices, any staff member entering an additional precautions room should perform hand hygiene and don appropriate PPE. They also confirmed that residents should be assisted with hand hygiene before and after meals.

The residents were at risk for infection as staff did not use appropriate PPE when entering additional precautions rooms and assisted/encouraged or offered residents hand hygiene before and after meals and snacks.

Sources: Resident observation, review of Infection Control Policy IPC2-010.05, N95 Respirator Strategy for Staff, Hand & Personal Hygiene in Dementia Care and interview with the RPN and IPAC manager.

An order was made by taking the following factors into account:

Severity: The residents were at actual risk of harm when staff did not use appropriate PPE when entering and exiting resident rooms. The residents were at potential risk of harm when not provided hand hygiene prior to consuming meals or snacks.

Scope: Two out of Six staff observed did not don the appropriate PPE and all residents observed were not provided hand hygiene prior to eating.

Compliance History: In the last 36 months, the licensee was found to be non-compliant with O. Reg. s.229 (4) where a Voluntary Plan of Correction (VPC) was issued to the home.

(706988)

This order must be complied with by /
Vous devez vous conformer à cet ordre d’ici le : Feb 28, 2022

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, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
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 RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX APPELS

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de revision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 28th day of January, 2022

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Parminder Ghuman

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