

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 11^{ième} 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
Apr 4, 2022	2022_961243_0004	002504-21, 016497-21	Complaint

Licensee/Titulaire de permis

Halton Healthcare LTC Inc.
327 Reynolds Street Oakville ON L6J 3L7

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

Wyndham Manor Long Term Care Centre
291 Reynolds Street Oakville ON L6J 3L5

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

ANGELA FINLAY (705243)

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): March 15, 16, 17, 18, 21, 22, and 23, 2022.

The following intakes were completed during this Complaint inspection:

Log #002504-21 related to nursing and personal support services, sufficient staffing, dining and snack service, infection prevention and control, and falls prevention.

Log #016497-21 related to air temperature, sufficient staffing, and infection prevention and control.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), a Housekeeper, Dietary Aides, the Nutrition Manager, and the Maintenance Manager.

During the course of the inspection, the inspector also observed resident home areas, resident and staff interactions, reviewed clinical health records, as well as any relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Infection Prevention and Control

Personal Support Services

Reporting and Complaints

Safe and Secure Home

Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.

4 WN(s)

3 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. 33. Bathing

Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week by the method of their choice.

In an interview with the resident, they stated that they often did not receive two showers per week and they sometimes had to wait a full week between showers.

The resident's care plan stated that the resident will be bathed/showered two times per week. A review of the resident's clinical records showed that the resident did not receive two baths or showers per week on five out of the eight weeks looked at. Of the five instances where baths/showers did not occur, it was documented as "Not Applicable" or "Activity did not occur."

A PSW stated that if the resident declined a bath or shower they would document it as "resident refused" and for the instance where they had documented "Not Applicable" it was because the resident was not offered a shower or bath.

Failing to provide the resident with a minimum of two baths or showers per week presented a risk of distress and decline in quality of life to the resident.

Sources: The resident's clinical records, and interview with the resident and a PSW. [s. 33. (1)]

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 each resident of the home is bathed at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 72. Food production

Specifically failed to comply with the following:

**s. 72. (7) The licensee shall ensure that the home has and that the staff of the home comply with,
(a) policies and procedures for the safe operation and cleaning of equipment related to the food production system and dining and snack service; O. Reg. 79/10, s. 72 (7).**

Findings/Faits saillants :

Inspection Report under
the Long-Term Care
Homes Act, 2007Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

1. The licensee has failed to ensure that staff complied with policies and procedures for cleaning of equipment related to the food production system and dining and snack service.

Specifically, the staff did not comply with the home's policy and procedure titled, "Extendicare Ware Washing Policy", dated March 2020. The home's policy reviewed the process for manual as well as mechanical ware washing and stated, "sort, scrape and rinse food scraps from all dishes to be washed," as well as, "inspect for cleanliness and rewash any items that are not clean."

Drinkware found in all four serveries of the home were inspected by wiping the insides of the drinkware with clean napkins. The napkins came out of the drinkware with markings of dark residue.

The Nutrition Manager stated that the residue was likely from coffee or tea and that the expectation for the cleaning of the drinkware was for dietary staff to scrub and pre-rinse the drinkware in a destaining solution, proceed to the mechanical ware washing process, inspect the ware for cleanliness and if still stained to repeat the process. A PSW stated that the drinkware was never clean and a Dietary Aide stated that the pre-rinse in the destaining solution was often getting missed.

There may have been an increased a risk of contamination by staff not following Extendicare's ware washing policy.

Sources: Observations, interviews with the Nutrition Manager, a PSW, and a Dietary Aide, and the home's policy titled, "Extendicare Ware Washing Policy", dated March 2020. [s. 72. (7) (a)]

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 comply with the policies and procedures for cleaning of equipment related to the food production system and dining and snack service, to be implemented voluntarily.

WN #3: 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 all staff participated in the implementation of the infection prevention and control (IPAC) program related to resident hand hygiene before and after meals.

The home's policy titled, "Hand Hygiene Policy", last reviewed in June 2021, states, "Residents are encouraged and/or offered assistance to properly wash or sanitize their hands regularly including before and after meals."

For three lunch services, residents were observed being served their meals without completing or being assisted with hand hygiene prior to eating. For two lunch services, residents were observed completing their meals and leaving the dining areas without completing or being assisted with hand hygiene.

In an interview with the DOC, they stated that the expectation was for staff to help residents with cleaning their hands before and after meals and that each unit had hand wipes specifically for this purpose.

Staff not implementing the IPAC program related to resident hand hygiene may have put the residents at risk of infection.

Sources: Observations, the home's policy titled, "Hand Hygiene Policy", last reviewed in June 2021, and interview with the DOC. [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 IPAC program, to be implemented voluntarily.

**WN #4: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of a resident's toileting schedule as set out in the plan of care was documented.

The resident had a condition that required frequent medical intervention. As per the resident's plan of care, they required a specific routine for toileting.

A review of the resident's clinical record showed that there were two instances where the provision of the resident's toileting routine was not documented.

In an interview with a PSW, they stated that likely the documentation was missed as the resident was toileted as per their routine. The DOC stated that it should have been documented as it was the expectation of staff to document the toileting routine and what care was provided.

Sources: The resident's clinical records, interview with a PSW and the DOC. [s. 6. (9) 1.]

Issued on this 7th day of April, 2022

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

Original report signed by the inspector.