Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspection Branch

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Original Public Report

Report Issue Date: December 16, 2022	
Inspection Number: 2022-1409-0002	
Inspection Type: Critical Incident System	
Licensee: Extendicare (Canada) Inc.	
Long Term Care Home and City: Extendicare Port Hope, Port Hope	
Lead Inspector Britney Bartley (732787)	**Inspector Digital Signature** Britney Bartley Digitally signed by Britney Bartley Date: 2022.12.21 15:09:58 -05'00'
Additional Inspector(s) Nicole Jarvis (741831) Sarah Gillis (623) and Frank Gong (694426) were present during the inspection.	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 28, 29 & 30, 2022 and December 1 & 2, 2022

The following intake(s) were inspected:

- Intake: #00002482-Resident to resident physical aggression.
- Intake: #00004019-A fall of a resident that resulted in significant change in health status.

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management
Prevention of Abuse and Neglect
Responsive Behaviours
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 20 (d)

During the initial tour of the home, in a resident bathroom, the resident – staff communication system cord was wrapped around a metal railing and was not connected to the wall port.

The Environmental Services Manager was informed of the observation and immediately connected the cord to the wall port.

By the home not ensuring the resident - staff commination system was connected to the wall port, there was potential risk for delayed communication and response in care.

Sources: Observations and interview with Environmental Services Manager.

Date Remedy Implemented: November 30, 2022

[732787]

WRITTEN NOTIFICATION: Safe and Secure Home

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

The licensee has failed to ensure that all doors leading to non-residential areas must be kept closed and locked when they are not being supervised by staff.

Rationale and Summary

It was observed on different days and on different units that the kitchen servery doors were open. No staff was present in the severy areas, the food steamer was hot to touch, residents were in proximity by sitting in the dining room and the TV lounge. On each observations inspector was able to locate a staff to assist with closing the servery doors. The staffs confirmed the food steamers were hot to touch and the kitchen servery doors should be locked and closed.

The Dietary Manager confirmed the kitchen severy doors must be kept closed and locked for residents' safety.

Sources: Observations, interviews with staffs and the Dietary Manager.

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WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale and Summary

The licensee has failed to ensure that Routine Precautions were followed in the Infection Prevention and Control (IPAC) program in accordance with the Standard for Long-Term Care Homes issued by the Director, dated April 2022.

1) Specifically, the licensee did not ensure that routine hand hygiene was followed as required by Additional Requirement under the IPAC standard Long-Term Care Homes, s. 9.1 states the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

An observation revealed the following: a student nurse was observed completing a procedure and administered medication to a resident. The student nurse was observed returning to the medication cart

and prepare another resident medication. The student nurse did not perform hand hygiene before and after doing the procedure and administering the medication, or before preparing the medication for the next resident.

Inspector #732787 spoke with the student nurse and informed them of the observation. The student nurse confirmed they forgot to do hand hygiene.

The IPAC Lead confirmed the student nurse was to follow the four moments of hand hygiene which includes before a procedure, after a procedure, bodily fluid exposure risk and after touching a resident.

When the student nurse failed to perform hand hygiene in accordance with the four moments of hand hygiene, there was risk of spreading infectious diseases in the home.

Sources: Observation, interview with a student nurse and the IPAC Lead.

The licensee has failed to ensure to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale and Summary

The licensee has failed to ensure that Routine Precautions were followed in the Infection Prevention and Control (IPAC) program in accordance with the Standard for Long-Term Care Homes issued by the Director, dated April 2022.

2) Specifically, the licensee did not ensure that the process for application and removal of personal protected equipment was followed as required by Additional Requirement under the IPAC standard. The IPAC Standard for Long-Term Care Homes, s. 9.1 states the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At a minimum Routine Practices shall include: d) Proper use of PPE, including appropriate selection, application, removal, and disposal.

An observation revealed the following: a student nurse was observed doing a procedure to a resident. The student nurse did not apply gloves for the procedure.

A Personal Support Worker (PSW) was observed exiting a resident room wearing soiled gloves. During an interview, the PSW indicated they were going to get an item for the resident. The PSW removed the soiled gloves before they got the item and indicated they should have removed the soiled gloves before exiting the resident room.

The IPAC Lead indicated that staff are to apply the required PPE when there is a risk of being exposed to bodily fluids during a procedure and staff are to remove all soiled PPE before exiting a resident room.

When the student nurse and the PSW failed to appropriately apply and remove the gloves this placed the residents at risk for transmission of infectious diseases.

Sources: Observations, interviews with staffs, and the IPAC Lead.

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