

## **Ministry of Long-Term Care**

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

### **Central East District**

33 King Street West, 4th Floor Oshawa, ON, L1H 1A1 Telephone: (844) 231-5702

## Original Public Report

Report Issue Date: December 2, 2024

**Inspection Number:** 2024-1409-0004

**Inspection Type:** 

Follow up

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Extendicare Port Hope, Port Hope

## **INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): November 13-15, and 18-21, 2024.

The following intake(s) were inspected:

Intake #00122285 - Follow-up #01 - Compliance Order (CO) #006 / 2024-1409-

0002, O. Reg. 246/22 - s. 102 (7) 3., Infection Prevention and Control (IPAC)

Program, Compliance Due Date (CDD) October 18, 2024

Intake #00122286 - Follow-up #01 - CO #005 / 2024-1409-0002, O. Reg.

246/22 - s. 102 (2) (b), IPAC Program, CDD October 18, 2024

Intake #00122287 - Follow-up #01 - CO #004 / 2024-1409-0002, O. Reg.

246/22 - s. 70 (1), Designated lead, CDD October 18, 2024

Intake #00122288 - Follow-up #01 - CO #001 / 2024-1409-0002, FLTCA, 2021 -

s. 13 (1) (a), Restorative care, CDD October 18, 2024

Intake #00122289 - Follow-up #01 - CO #003 / 2024-1409-0002, O. Reg.

246/22 - s. 40, Transferring and positioning, CDD October 18, 2024

Intake #00122290 - Follow-up #01 - CO #007 / 2024-1409-0002, O. Reg.

246/22 - s. 259 (2) (c), Orientation, CDD October 18, 2024

Intake #00122291 - Follow-up #01 - CO #008 / 2024-1409-0002, O. Reg.

246/22 - s. 259 (2) (d), Orientation, CDD October 18, 2024



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Intake #00122292 - Follow-up #01 - CO #002 / 2024-1409-0002, O. Reg. 246/22 - s. 12 (1) 3., Doors in a home, CDD October 18, 2024

## **Previously Issued Compliance Order(s)**

The following previously issued Compliance Order(s) were found to be in compliance:

Order #006 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 102 (7) 3.

Order #005 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 102 (2) (b)

Order #004 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 70 (1) Order #001 from Inspection #2024-1409-0002 related to FLTCA, 2021, s. 13 (1) (a) Order #003 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 40 Order #007 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 259 (2) (c)

Order #008 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 259 (2) (d)

Order #002 from Inspection #2024-1409-0002 related to O. Reg. 246/22, s. 12 (1) 3.

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

Resident Care and Support Services Infection Prevention and Control Safe and Secure Home Staffing, Training and Care Standards



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## **INSPECTION RESULTS**

# WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee failed to ensure that a risk stratification approach was utilized when determining the surfaces that are to be cleaned and the frequency in which they are to be cleaned.

The home failed to ensure that section 5.6 of the IPAC Standard for Long-Term Care Homes April 2022, revised in September 2023 was met. Section 5.6 of the standard states "the licensee shall ensure that there are policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and the licensee shall ensure that surfaces are cleaned at the required frequency."

## **Rationale and Summary:**

As part of the inspection, practices in infection prevention and control were reviewed related to cleaning and disinfection.



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On review of the home's Cleaning Frequency policy, and Appendix 2 – Risk Stratification Matrix, the policy stated that both documents were to be referred to as guides when determining cleaning frequencies within the home.

During an interview with the Environmental Services Manager (ESM), they indicated that they did not utilize the Risk Stratification Matrix when determining the frequency of cleaning and disinfecting for the Environmental Services department. The ESM indicated that they had not worked with other individuals in the home to ensure that the Risk Stratification Matrix was individualized to the home.

Failing to ensure that the risk stratification matrix was utilized when determining the required frequency of surface cleaning in resident home areas, placed residents at increased risk of healthcare-associated infections.

**Sources:** Cleaning Frequency policy, Appendix 2 – Risk Stratification Matrix (Cleaning Frequencies), interview with ESM.

# COMPLIANCE ORDER CO #001 Compliance with manufacturers' instructions

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 26

Compliance with manufacturers' instructions

s. 26. Every licensee of a long-term care home shall ensure that staff use all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:



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Specifically, the licensee shall:

- 1) The home's Administrator or delegate will provide education to a housekeeper, on the required steps to complete disinfectant concentration testing, the frequency concentration tests are to be conducted, and the documentation expectations.
- 2) The home's Administrator or delegate will provide a reference for environmental services staff by posting the information from condition 1) at point of testing, in all home areas.
- 3) The home's Administrator or delegate will provide a mechanism, such as a clock, to utilize for measuring time in seconds for concentration testing purposes, at point of testing in all home areas.
- 4) Keep a record of the education provided including: the date, content, trainer and trainee names and signatures, and make available to the inspector immediately upon request.

### **Grounds:**

The licensee has failed to ensure that staff used all equipment, supplies, devices, assistive aids and positioning aids in the home in accordance with manufacturers' instructions.

### **Rationale and Summary:**

During the tour of the home, practices in infection prevention and control were observed. A housekeeper was observed demonstrating the concentration test for the home's disinfectant product.

During an interview, a housekeeper indicated that prior to use, they were to test the concentration levels of the disinfectant product from the J-fill dispenser. The



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housekeeper indicated that they waited two to three minutes to read the colour indicator on the test strip in order to determine if the concentration level of the disinfectant had passed or failed. The housekeeper later referred to the posted instructions on the housekeeping closet wall on how to test the concentration of the disinfectant and confirmed that the colour indicator on the test strip was to be read after 35 to 40 seconds. The housekeeper confirmed they had no way of timing the process.

Failure to ensure staff in the home used all equipment, including disinfectant concentration test strips in accordance with the manufacturers' instructions increased the risk of spread of infectious agents due to ineffective cleaning and disinfection of contact surfaces.

**Sources:** Observations of disinfectant concentration test, interview with a housekeeper, test strip instructions.

This order must be complied with by January 17, 2025

## **COMPLIANCE ORDER CO #002 Housekeeping**

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:



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(iii) contact surfaces;

## The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee shall:

- 1) The home's Administrator or delegate will provide education to all environmental services staff on the disinfectant products purpose, and the home's disinfectant concentration testing procedure, which will include actions to be taken for failed tests.
- 2) Keep a record of the procedure and the education provided including: the date, content, trainer and trainee names and signatures, and make available to the inspector immediately upon request.

### Grounds

The licensee has failed to ensure that procedures were developed and implemented for, cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices: contact surfaces.

### **Rationale and Summary:**

During a tour of the home, practices in infection prevention and control were observed. A housekeeper was observed demonstrating a concentration test for the home's disinfectant product that failed.

The test strip showed a white colour which matched a failed result. The housekeeper confirmed that the testing of the disinfectant product had failed and was not at the appropriate concentration.



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The housekeeper explained that they weren't aware of the steps to take in the event of a failed test. They indicated that they would empty and replace the disinfectant into their designated bucket and reattempt to test the concentration of the diluent until it had passed. They confirmed that they had cleaned several resident rooms with the failed product. The housekeeper indicated that they would inform the Environmental Services Manager (ESM). However, when speaking with the ESM, they indicated that they had not been made aware of any failed test related to the J-fill dispenser in the resident home area.

Another observation took place, and the housekeeper had demonstrated a concentration test from the solution that was poured into a designated bucket earlier that morning. The concentration test strip had failed and the housekeeper had indicated they would inform the ESM. The housekeeper later shared that they were instructed by the ESM to continue to use the solution from the bucket to clean remaining residents' rooms and other public areas.

Failure to clean and disinfect contact surfaces with a low level disinfectant, that is utilized in accordance with the manufacturers' instructions in the residents home area, posed an increased risk of the spread of infectious agents due to ineffective cleaning and disinfection of contact surfaces.

**Sources:** Observations of concentration tests, interviews with the housekeeper and ESM.

This order must be complied with by January 17, 2025



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## REVIEW/APPEAL INFORMATION

**TAKE NOTICE**The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

## **Director**

c/o Appeals Coordinator Long-Term Care Inspections Branch Ministry of Long-Term Care 438 University Avenue, 8<sup>th</sup> floor Toronto, ON, M7A 1N3

e-mail: MLTC.AppealsCoordinator@ontario.ca



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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

## **Health Services Appeal and Review Board**

Attention Registrar 151 Bloor Street West, 9<sup>th</sup> Floor



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## **Director**

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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.