

**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
Jun 17, 2021	2021_877632_0011	007168-21	Follow up

Licensee/Titulaire de permis

St. Peter's Care Centres
125 Redfern Avenue Hamilton ON L9C 7W9

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

St. Peter's Residence at Chedoke
125 Redfern Avenue Hamilton ON L9C 7W9

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

YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): May 25, 26, 27 and 28, 2021.

**The following Compliance Order Follow Up (FU) Inspection was completed:
log #007168-21 - related to Prevention of Abuse and Neglect.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Resident Care Supervisor, Behavioral Support Ontario (BSO), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and Housekeeping.

During the course of the inspection, the inspectors toured the home and completed Infection Prevention and Control (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:
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation**

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

**1 WN(s)
0 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2021_848748_0004		632

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

A. During the inspection on an identified date in May 2021, it was observed that there were no gloves and bins for used Personal Protective Equipment (PPE) available in identified rooms' numbers. All rooms observed were on specified precaution protocols.

IPAC Policy indicated that, as an additional specified precautions, to wear gloves on entry to a resident's room or bed space and to discard used gowns immediately after removal into appropriate receptacle.

The RPNs indicated that there were no gloves and bins for used PPE available in identified rooms' numbers.

The Administrator confirmed that PPE carts with PPE, including gloves, gowns, masks and bins were to be available in the rooms for specified precaution.

The residents and staff were at risk of contracting an infection as there were no gloves and bins for used PPE available in identified residents' rooms on specified precaution.

Sources: the IPAC Policy; observations; interviews with the Administrator, RPNs' #102, #105 and #106.

B. During the inspection on an identified date in May 2021, it was observed that residents' #006 and #007 were not offered or provided assistance with a specified activity.

IPAC Policy indicated that it was the responsibility of all home's employees to encourage staff and residents to perform the specified activity. Residents should be offered an opportunity to do the specified activity before their meals. Residents, who were unable to perform specified activity independently, were to be assisted by the health care provider

directly responsible for their care.

An RPN #103 confirmed that the residents were to receive assistance with the specified activity.

The residents were at risk of potential infection as they were not encouraged or offered an opportunity to perform the specified activity.

Sources: the IPAC Policy; observations; interviews with the RPN #103. [s. 229. (4)]

Issued on this 21st day of June, 2021

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

Original report signed by the inspector.