Ontario

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

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

Hamilton District
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Hamilton, ON, L8P 4Y7
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Original Public Report

Report Issue Date: January 30, 2024

Inspection Number: 2024-1414-0001

Inspection Type:
Complaint
Critical Incident

Licensee: Rykka Care Centres GP Inc.

Long Term Care Home and City: Arbour Creek Long-Term Care Centre, Hamilton

Lead Inspector	**Inspector Digital Signature**
Tracey Delisle (741863)	Tracey DeLisle — Digitally signed by Tracey DeLisle Date: 2024.01.30 22:15:48 -05'00'

Additional Inspector(s)
Leah Curle (585)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 18, 19, 22 - 25, 2024

The following intake(s) were inspected:
· Intake: #00104231 – Complaint -regarding Care and Services.
· Intake: #00104446 – Critical Incident– regarding Infection Prevention and Control.
· Intake: #00106100 – Critical Incident - regarding Infection Prevention and Control.

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 184 (3)
Directives by Minister
Binding on licensees
s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that they carried out every operational or policy directive that applies to the long-term care related to masking requirements.

The Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, outlines masking requirements under section 1.2, specifically that direction in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario are followed. The COVID-19 Guidance Document, revised November 7, 2023, requires masks to be worn indoors in all resident areas and that eye protection is required by all staff when providing care to residents with suspected or confirmed COVID-19 and in the provision of direct care within two metres of residents in an outbreak area.

Rationale and Summary

A) During the inspection, a Personal Support Worker (PSW) provided direct care to a resident and was not wearing eye protection. The Infection Prevention and Control (IPAC) Lead confirmed the staff should have been wearing eye protection as the floor was in outbreak.

Sources: COVID-19 Guidance Document, revised November 7, 2023, observation of a PSW, interview with IPAC Lead and other staff.

B) During the inspection, a registered staff member on a resident home area was wearing an N95 mask; however, it was not covering their nose. The staff confirmed their mask was not worn properly.

Failure to wear mask increased risk of transmission of infection to residents.

Sources: COVID-19 Guidance Document, revised November 7, 2023, an observation of a registered staff member, an interview with a registered staff member and others.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 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 the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, indicates under section 9.1 that Additional Precautions are to be followed in the IPAC program which include (f) additional personal protective equipment (PPE) requirements including appropriate removal and disposal.

During the inspection, a Personal Care Aid (PCA) was observed removing PPE when exiting a resident room that was on contact and droplet precautions. The PCA did not perform hand hygiene after removing a soiled mask and putting on a new mask. The PCA acknowledged hand hygiene was to be performed after removing the soiled mask.

Failing to perform hand hygiene had the potential to increase the risk of transmission of infection.

Sources: observation of a PCA, interview with a PCA and other staff.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (8)
Infection prevention and control program
s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and

Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program related to cleaning of high touch surfaces during a COVID-19 outbreak.

Rationale and Summary

In January 2024, the home was in a COVID-19 outbreak.

A housekeeping staff reported high touch surfaces were cleaned in all resident rooms once daily in an outbreak home area and resident rooms on additional precautions received high touch surface cleaning twice daily.

The Environmental Services policy, "Infection Control Guidelines" noted an Enhanced Daily Clean was used during an outbreak, which included an additional precaution daily clean and followed by a clean and disinfection of high-touch surfaces in patient rooms and washrooms approximately 6-8 hours later.

The Environmental Services Manager (ESM) reported all high touch surfaces in resident rooms were expected to be cleaned twice daily during a COVID-19 outbreak.

The residents were placed at increased risk of COVID-19 transmission when the staff did not complete cleaning and disinfecting of frequently touched surfaces at least twice daily when the home was in an outbreak.

Sources: "Infection Control General Guidelines INDEX ID, ES G-05-05" policy (revised August 31, 2023), interview with a housekeeping staff and the ESM.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (9) (b)
Infection prevention and control program
s. 102 (9) The licensee shall ensure that on every shift,
(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required. O. Reg. 246/22, s. 102 (9).

The licensee has failed to ensure that on every shift, immediate action was taken to reduce transmission of infection and isolate a resident when they displayed symptoms indicating the presence of infection.

Rationale and Summary

On a date in January 2024, a resident demonstrated a new symptom that indicated the possible presence of infection. Over the next two shifts, there was no documentation in the resident's record to show ongoing monitoring for symptoms of infection. On the next shift, the resident presented another symptom of infection, was placed on additional precautions and tested for infection. The resident tested positive for a new infection and the following day, the home was declared in outbreak for the same type of infection.

The IPAC Lead confirmed the resident should have been immediately isolated and placed on additional precautions when they presented with a first symptom

indicating the possible presence of infection.

Failure to take immediate action to isolate the resident increased risk of transmission of infection to other residents.

Sources: A resident's progress notes from dates in January 2024, Critical Incident Report, interview with the IPAC lead.