

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: January 18, 2024	
Inspection Number: 2024-1624-0001	
Inspection Type: Critical Incident	
Licensee: Corporation of the County of Wellington	
Long Term Care Home and City: Wellington Terrace Long-Term Care Home, Fergus	
Lead Inspector Brittany Nielsen (705769)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 10-12, 16, 2024

The following intake(s) were inspected:

- Intake: #00099091 - related to a disease outbreak

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

- Resident Care and Support Services
- Infection Prevention and Control

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Housekeeping

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

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:

(iii) contact surfaces;

The licensee failed to ensure that staff followed the home's Housekeeping Procedure policy while performing their cleaning responsibilities.

As per O. Reg. 246/22, s. 11 (1) (b), the licensee shall ensure that where the Act or Regulations required the licensee of a long term care home to have, institute, or otherwise put in place any policy, the licensee was required to ensure that the policy was complied with.

The home's Housekeeping Procedure policy stated that they are to clean with an approved disinfectant solution. A clean cloth is to be used to clean a resident's room and a different cloth is to be used to clean their bathroom. In common areas, high touch surfaces are to be cleaned routinely once a day and twice a day while in an outbreak.

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Rationale and Summary

A staff member said high touch surfaces in common areas are routinely cleaned two to three times per week and while cleaning a resident's room, they use one cloth to clean the room and bathroom. The staff member said the cleaner they used was the PERdiem Multipurpose Cleaner, aside from when there is an outbreak.

The PERdiem Multipurpose cleaner does not meet the requirements for a low-level disinfectant.

By failing to follow the home's Housekeeping Procedure policy while cleaning, there was risk of transmission of infectious agents.

Sources: interviews with staff, and record review of the home's Housekeeping Procedure Policy, High Touch Surfaces Cleaning Checklist, and the Cleaner Labels. [705769]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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 issued by the Director, was implemented.

A) The licensee failed to ensure that staff assisted all residents with hand hygiene

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prior to meals.

According to the IPAC Standard for Long-Term Care Homes (LTCHs) dated April 2022, section 10.4 (h) directs the home to provide support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting.

Rationale and Summary

Inspector #705769 observed staff assist residents into the dining room on two different Neighbourhoods. On one Neighbourhood, all but three residents were not assisted with performing hand hygiene with alcohol-based hand rub (ABHR). On the second Neighbourhood, no residents were assisted with hand hygiene.

At the time of the observations, there was a suspect COVID-19 outbreak in the home.

By failing to follow the IPAC standard, there was risk of transmission of infectious agents.

Sources: interviews with staff, and dining observations.
[705769]

B) The licensee failed to ensure that staff performed hand hygiene at the four moments of hand hygiene.

According to the IPAC Standard for LTCHs dated April 2022, section 9.1 (b) directs the staff to perform hand hygiene at the four moments of hand hygiene, which includes before and after contact with the resident's environment.

Rationale and Summary

Inspector #705769 observed a staff member enter two resident rooms and come in

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contact with the resident's environment. The staff member did not perform hand hygiene prior to entering or leaving either resident room.

By failing to follow the IPAC Standard and not performing hand hygiene as per routine practices, there was risk of transmission of infectious agents.

Sources: interviews with staff, and an observation.
[705769]