

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 9, 2021	2021_689586_0018	002401-21, 004810- 21, 005005-21	Critical Incident System

Licensee/Titulaire de permis

St. Joseph's Health System
50 Charlton Avenue East Room M146 Hamilton ON L8N 4A6

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

St. Joseph's Villa, Dundas
56 Governor's Road Dundas ON L9H 5G7

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

JESSICA PALADINO (586)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): May 28, 31 and June 1, 2, 3 and 4, 2021.

Long-Term Care Homes (LTCH) Inspector Jobby James was present and shadowing during the full duration of the inspection. LTCH Inspector Parminder Ghuman was present and shadowing on June 2-4, 2021.

The following Critical Incident System (CIS) inspections were conducted: 004810-21 (CI #2975-000007-21) and 005005-21 (CI #2975-000009-21) related to fall prevention and management.

The following Follow Up (FU) inspection was conducted concurrently: 002401-21 related to safe transferring and positioning.

During the course of the inspection, the inspector(s) spoke with the Interim Administrator, Chief Operating Officer (COO), Director of Care (DOC), Interim Director of Care (I-DOC)/ Infection Prevention and Control (IPAC) Lead, Hamilton Public Health contact, registered nurses (RN), registered practical nurses (RPN), personal support workers (PSW), housekeeping staff, residents and families.

During the course of the inspection, the inspector(s): toured the home, completed an IPAC Checklist, observed resident care, observed meal service, reviewed resident health records, relevant policies and procedures, internal compliance plan, staff training records and training material.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control**

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

3 WN(s)

2 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
O.Reg 79/10 s. 36.	CO #001	2021_661683_0001		586

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe environment related to the failure to maintain infection prevention and control measures specified in Directive #3 regarding the appropriate use of Personal Protective Equipment (PPE) in order to protect residents from COVID-19.

A PSW was observed sitting in the PSW station located on a resident home area with their surgical mask pulled down past their chin, and the used face shield was placed directly on the desk and not sanitized before being put back on. The PSW confirmed that they had removed their face shield and mask while in the PSW station to 'take a breather'. According to Directive #3, effective April 7, 2021, all staff and visitors must always comply with universal masking and must wear a medical mask for the entire duration of their shift/visit, and masks must not be removed when staff are in designated resident areas. The COO acknowledged that the staff did the doffing of the PPE incorrectly.

Sources: Observation of the resident home area, review of Directive #3 and interviews with the home's Public Health contact, a PSW and other staff. [s. 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that a hand hygiene program was in place in accordance with the Ontario evidence-based hand hygiene (HH) program, “Just Clean Your Hands” (JCYH) related to staff assisting residents with HH before and after meals.

Upon inspecting, on two resident home areas, it was noted that residents’ hands were not cleaned upon entering the dining room for lunch, nor were residents offered encouragement or assistance with cleaning their hands. A staff member acknowledged this and confirmed it was not done. The licensee's policy, 'Infection Control Manual: Routine Practices', currently in effect, did not include direction for staff to assist residents to perform HH around mealtime.

The failure to have a HH program in place in accordance with evidenced-based practices presented a risk to residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Observations of meal service, interviews with staff and review of the “Just Clean Your Hands” program resources and the licensee's policy 'Infection Control Manual: Routine Practices' (POL-01, last revised November 26, 2019; currently under licensee's review). [s. 229. (9)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(a) the planned care for the resident; 2007, c. 8, s. 6 (1).

(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).

(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident's written plan of care included the planned care for the resident regarding fall prevention interventions.

A resident was observed with a specific fall intervention in place. Upon review of the written plan of care, this was not included. It was added into the written plan of care the following day; however, the DOC confirmed that it was in use for 67 days before it was added into the written plan of care.

Sources: observation of resident, review of the clinical health record and interview with DOC, and other staff. [s. 6. (1) (a)]

Issued on this 17th day of June, 2021

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

Original report signed by the inspector.