

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 |
|--|---|-----------------------------------|--|
| May 12, 2021 | 2021_738753_0009 | 005019-21 | Follow up |

Licensee/Titulaire de permis

Caressant-Care Nursing and Retirement Homes Limited
264 Norwich Avenue Woodstock ON N4S 3V9

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

Caressant Care Arthur Nursing Home
215 Eliza Street P.O. Box 700 Arthur ON N0G 1A0

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

KATHERINE ADAMSKI (753)

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): April 30, May 3, 5, 6, 2021.

**The following intakes were completed during this follow-up inspection:
Log #005019-21, which was a follow up to compliance order #001 from inspection
#2021_610633_0006. This intake was related to prevention of abuse and neglect.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Infection Prevention and Control (IPAC) Lead, Environmental Services Manager (ESM), Registered Nurses (RN), Physiotherapy Assistant (PTA), resident's, and Personal Support Workers (PSW).

The inspector observed infection prevention and control measures, dining, resident to resident and staff to resident interactions, and general care of residents. A review of relevant documentation was completed.

**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)
1 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:

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| 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_610633_0006 | 753 | |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES
Legend

WN – Written Notification
 VPC – Voluntary Plan of Correction
 DR – Director Referral
 CO – Compliance Order
 WAO – Work and Activity Order

Légende

WN – Avis écrit
 VPC – Plan de redressement volontaire
 DR – Aiguillage au directeur
 CO – Ordre de conformité
 WAO – Ordres : travaux et activités

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).

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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 has failed to ensure that staff fully participated in the implementation of the infection prevention and control program in relation to performing hand hygiene for residents.

The home's Hand Hygiene policy (revised September 2020) stated that residents' hands were to be cleaned before assisting them with meals or snacks.

At the time of inspection, several residents in the dining room, were not reminded, encouraged or assisted by staff to perform hand hygiene before or after their lunch meal.

A sign was posted in the entry of the dining room reminding staff to sanitize residents' hands before entering the dining room, after they finished their meal and prior to exiting the room.

Additionally, residents were offered morning snack in their rooms and staff did not remind, encourage or assist the residents to perform hand hygiene before or after they consumed their snack.

Direct care staff stated that since residents were in their rooms, they were not reminding or encouraging them to perform hand hygiene.

A resident stated that staff do not always remind or assist them to clean their hands before eating.

Not ensuring residents were performing hand hygiene before or after having a meal or snack placed staff, essential visitors and residents at increased risk for disease transmission.

Sources: Observations, the home's Hand Hygiene policy (revised September 2020), the home's "Dining Room Reminders" sign, Just Clean Your Hands Long Term Care Home Implementation Guide, Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014, interviews with staff and residents. [s. 229. (4)]

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Homes Act, 2007****Rapport d'inspection en vertu de
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soins de longue durée*****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 staff fully participate in the implementation of
the infection prevention and control program in relation to performing hand
hygiene for residents, to be implemented voluntarily.***

Issued on this 13th day of May, 2021

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

Original report signed by the inspector.