

**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
Mar 29, 2022	2022_982682_0002	015797-21, 003702-22	Critical Incident System

Licensee/Titulaire de permis

Chippawa Creek Care Centre Ltd.
c/o Bella Senior Care Residences 8720 Willoughby Drive Niagara Falls ON L2G 7X3

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

Bella Senior Care Residences
8720 Willoughby Drive Niagara Falls ON L2G 7X3

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

AILEEN GRABA (682)

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): March 10, 11, 14, 15, 16, 17, 18, and 21, 2022.

This inspection was completed concurrently with Complaint inspection 2022_982682_0003

The following intake was completed during this Critical Incident System inspection: 003702-22 related to falls prevention

The following Compliance Order follow up was completed during this Critical Incident inspection: 015797-21 related to policy

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Front Entrance Screeners, housekeeping, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Care Provider (PCP), Niagara Region Public Health (NRPH) Environmental Inspector(s) and residents.

During the course of this inspection, the inspector(s) observed the provision of the care, infection prevention and control (IPAC) practices and reviewed clinical health records, investigation notes, staffing schedules, staff training records, complaint binder/logs, meeting minutes, program evaluations, policy and procedures.

**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.

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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO NO DE L'INSPECTEUR
O.Reg 79/10 s. 8. (1)	CO #001	2021_704682_0015	682

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).

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

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 failed to ensure that all staff participated in the implementation of the infection and prevention and control program (IPAC) related to hand hygiene.

The home's Infection Prevention and Control (IPAC) policy indicated that the IPAC program within the home included IPAC best practices. IPAC resources included Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions, In All Health Care Settings. This resource included links to Just Clean Your Hands, hand hygiene improvement program and PIDAC's Best Practices for Hand Hygiene in All Health Care Settings. These resources identified that hands of residents were to be cleaned before assisting with meals or snacks.

Observations of the meal service included four residents that were served a beverage by a personal care provider (PCP) without immediate prior assistance with hand hygiene. Another PCP was observed assisting with delivering meals to the same four residents and the PCP did not provide any assistance to the residents with hand hygiene. One of the PCPs stated that they were short staffed and acknowledged assisting residents with hand hygiene was an expectation and they did not assist residents with hand hygiene. The Director of Care (DOC) confirmed that staff are expected to assist residents with hand hygiene at the time they served snacks or meals.

When staff failed to comply with the home's IPAC practices related to hand hygiene implemented to protect residents in long term care homes, residents were put at risk for the transmission of COVID-19 and other pathogens.

Sources: IPAC Program Overview Policy, observations, Routine Practices and Additional Precautions, In All Health Care Settings, interviews with PCP, DOC and other staff.

2. The licensee failed to ensure that all staff participated in the implementation of the infection and prevention and control program (IPAC) related to doffing of personal protective equipment (PPE).

The home's COVID -19 Universal Personal Protective Equipment (PPE) Strategy policy stated that due to universal precautions, staff will be wearing procedure masks and eye protection while providing care to residents in isolation rooms.

The Chief Medical Officer of Health (CMOH) Directive #5 stated that at a minimum, for regulated health professionals and other health care workers in a hospital or a long-term care home, Droplet and Contact Precautions must be used by regulated health professionals and other health care workers for all interactions with suspected, probable or confirmed COVID-19 patients or residents. Droplet and Contact Precautions include face shields or goggles.

The home's infection prevention and control (IPAC) resources included Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions, In All Health Care Settings. This resource included recommended steps for taking off PPE.

Observations of signage outside a resident's room indicated that they were isolated. Two PCPs were observed to be entering the resident's room with supplies to provide care to them. When both PCPs left the room they doffed PPE. Further observations included the PCPs walking down the hall in a resident area without cleaning, disinfecting or discarding the eye protection that was worn in the isolation room.

One of the PCPs confirmed that they provided care to the resident and stated that when they exited the resident's room they should have cleaned their eye protection/goggles. Niagara Region Public Health (NRPH) environmental inspector consultation confirmed staff providing direct care to residents were expected to change or clean eye protection when exiting an isolation room.

Failure to follow the additional precautions/practices of the PCPs cleaning their eye protection when exiting isolation rooms put all residents residing in the home at increased risk of potential exposure to COVID-19.

The home did not minimize the transmission risk of COVID-19 for its residents when staff did not follow the IPAC measures set out in Directive #5 and PIDAC's Routine Practices

and Additional Precautions resource implemented to protect residents in long term care homes from COVID-19.

Sources: COVID-19 Universal PPE Strategy policy, CMOH's Directive #5 and Public Health Ontario, Technical Brief, Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspected or Confirmed COVID-19, Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions, observation of the staff, interviews with staff and NRPH consultant [s. 229. (4)]

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 all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 31st day of March, 2022

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

Original report signed by the inspector.