

**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**Central West Service Area Office
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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
Dec 22, 2021	2021_750539_0018	014986-21, 016772- 21, 016773-21, 018564-21, 018879-21	Complaint

Licensee/Titulaire de permisEden House Care Facility Inc.
c/o Ontario Inc. 295 Adelaide Street West, Suite 4007 Toronto ON M5V 0L4**Long-Term Care Home/Foyer de soins de longue durée**Eden House Nursing Home
5016 Wellington County Road 29, R.R. #2 Guelph ON N1H 6H8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

VALERIE GOLDRUP (539), SARAH KENNEDY (605)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): December 1-3, 6-9, 13-15, and 17, 2021.

The following intakes were completed in this Complaint inspection:

Log #014986-21 and #018564-21, related to concerns regarding resident care

Log #018879-21 related to falls prevention and management

Log #016772-21, Follow-up to Compliance Order (CO) #001 from inspection #2021_872218_0018, regarding s. 24. (1), with a Compliance Due Date (CDD) of November 11, 2021

Log #016773-21, Follow-up to CO #002 from inspection #2021_872218_0018, regarding duty to protect, with a CDD of November 11, 2021.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant DOC, the Housekeeping Supervisor, the Registered Dietitian (RD), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping and Dietary staff.

During the course of the inspection, the inspectors toured the home, observed resident and staff interactions and Infection Prevention and Control (IPAC) practices. They reviewed clinical health records, relevant home policies and procedures, training records, and other pertinent documents.

The following Inspection Protocols were used during this inspection:

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Infection Prevention and Control

Medication

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Responsive Behaviours

Snack Observation

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

- 3 WN(s)**
- 3 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
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #002	2021_872218_0018		605
LTCHA, 2007 S.O. 2007, c.8 s. 24. (1)	CO #001	2021_872218_0018		605

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. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

The licensee has failed to ensure interventions in the resident's plan of care for falls prevention was provided to the resident as specified in the plan.

A resident experienced frequent falls in the previous three months. The resident's care plan indicated the resident should have a specified intervention in place to prevent falls.

The resident was observed without the intervention in place.

Staff confirmed that the intervention was not utilized and it should have been in place as per their plan of care.

The resident was at increased risk of falls by not following the plan of care for falls prevention.

Sources: observations of the resident; interviews with a PSW and RN, the resident's care plan/Kardex; the home's Falls Prevention Program policy.

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 care set out in the plan of care is provided to the resident as specified in the plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following:

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
 - (i) that is used exclusively for drugs and drug-related supplies,**
 - (ii) that is secure and locked,**
 - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
 - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

Findings/Faits saillants :

The licensee has failed to ensure that medication creams were stored in an area or a medication cart, that was used exclusively for drugs and drug-related supplies that complied with manufacturer's instructions for the storage of the drugs (e.g. expiration dates).

Medication creams were found on care carts in the hallways of the three home areas. Thirteen of fifteen creams had an application time that was elapsed or expired.

Staff stated the creams should not have been left on the care carts.

Residents were at risk of not having creams correctly applied in accordance with the prescriber's direction and the manufacturer's instructions.

Sources: Home observation; resident's electronic Treatment Administration Record (eTARs); interviews with staff.

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, (a) drugs are stored in an area or a medication cart, (i) that is used exclusively for drugs and drug-related supplies, (ii) that is secure and locked, (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and (iv) that complies with manufacturer's instructions for the storage of the drugs; and (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.

WN #3: 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 :

The licensee has failed to ensure staff were completing hand hygiene when serving snacks to residents.

Inspectors observed a staff member facilitating afternoon snack service for residents. No hand sanitizer was present on the snack cart and the staff member was not sanitizing their hands during snack service. In addition, residents were not offered hand sanitizer before or after receiving a snack.

The home's Hand Hygiene policy indicated hands should be washed before preparing, handling, serving or eating food and before feeding a resident. In addition, staff must assist residents with hand washing before and after nourishment breaks.

Public Health Ontario (PHO) best practice guidelines state that hand hygiene is required for residents before and after meals with the use of an alcohol-based hand-rub (ABHR) as the preferred method of hand hygiene.

Hand hygiene is noted to be the most important and effective infection prevention and control measure to prevent the spread of microorganisms causing health care associated infections. By not completing this practice the home was placing residents at risk.

Sources: Observations; staff interviews; review of the home's Hand Hygiene policy; PHO: Just Clean Your Hands Long Term Care Home Implementation Guide. Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April 2014

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 23rd day of December, 2021

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

Original report signed by the inspector.