Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 420
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: June 16, 2023
Inspection Number: 2023-1063-0003
Inspection Type: Critical Incident System
Licensee: Extendicare (Canada) Inc.
Long Term Care Home and City: Extendicare New Orchard Lodge, Ottawa

Lead Inspector	**Inspector Digital Signature**
Laurie Marshall (742466)	Laurie R Marshall Digitally signed by Laurie R Marshall Date: 2023.06.27 14:34:01 -04'00'

Additional Inspector(s)
Kelly Boisclair-Buffam (000724)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): June 1, 2, 5, 2023

The following intake(s) were inspected:

- Intake: #00018950; IL-09479-AH/CI:2302-000001-23 Fall resulting in injury of a resident.
- Intake: #00020601; IL-10173-AH/CI:2302-000002-23 Glucagon administration of a resident.

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

Medication Management
Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection and Prevention Control Program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee failed to ensure that residents received support to perform hand hygiene prior to receiving lunchtime meals.

As per O. Reg 246/22, s. 102 (2) (b), the Licensee shall implement any standard or protocol issued by the Director with respect to IPAC.

Specifically, the home failed to ensure that staff participated in the hand hygiene program in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard) issued by the Director.

Rationale and Summary:

Hand hygiene for residents was not observed prior to the lunchtime meal in dining areas as follows:
· On the first floor dining area North wing Inspector #000724 observed four residents not having assistance with hand hygiene prior to entering the dining room.
· On the second floor dining room inspector #742466 observed staff using personal care wipes on the hands of residents prior to meal service when they entered the dining room. It was noted that personal care wipes did not contain ethanol as an ingredient.

The homes policy on Hand Hygiene, indicated that products which are considered for hand hygiene are alcohol based hand rub (ABHR). This policy also indicated that residents hand hygiene will be encouraged for all resident activities and residents will be encouraged and/or will be offered assistance to properly wash or sanitize their hands regularly including- Before and after meals or snacks.

A Registered Nurse (RN) and personal support worker (PSW) confirmed that hand hygiene was performed before and after mealtimes by using the personal care wipes.

The Assistant Director of Care (ADOC) reported that staff were to perform hand hygiene for all residents with an alcohol-based hand sanitizer before meals.

Lack of hand hygiene for residents increases the risk of disease transmission among residents and staff.

Sources: Observations made by Inspectors, policy on Hand Hygiene (IC-02-01-08) January 2023, Interview with PSW, RN and ADOC. [742466]

WRITTEN NOTIFICATION: Safe Storage of Drugs

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 138 (1) (a) (ii)

The licensee has failed to ensure that drugs stored in the medication cart were secure and locked.

Rationale and Summary

During the resident's lunch meal service, Inspector #724 observed during the residents lunch meal service on 1st floor, North Wing of the home that a RPN and an RN placed medication carts, one at each door entry of dining room and proceeded to administer medication. Medication carts were left in the hallway unlocked as the RPN and RN went in and out of the dining room. Medication carts were left unattended and unlocked in between individual medication administrations.

Interview with the Director of Care (DOC) and an RN confirmed that all registered nursing staff are to lock their medication carts at all times when unattended, even during meal times .

A review of the homes procedure for medication management stated that all unattended carts are to be kept locked .

As a result of not keeping medication carts securely locked when unattended , medications are not securely stored away from residents.

Sources : Interviews with the DOC and RN, LTCH procedure on medication management and inspectors observations. [000724]

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