Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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
Jan 20, 2022	2022_895609_0001	012920-21	Critical Incident System

Licensee/Titulaire de permis

Extendicare (Canada) Inc.
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Timmins
62 St-Jean Avenue Timmins ON P4R 0A6

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

KAREN HILL (704609)

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): January 4 - 7, 2022.

The following intake was inspected upon during the Critical Incident System inspection:

- one intake, related to a fall with a significant change.

A Complaint Inspection, #2022_895609_0002, was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), the Infection Prevention and Control (IPAC) Lead, the Porcupine District Public Health Unit, Screener, Helping Hands, Dietary Aide, Physiotherapy Assistant, Housekeeping staff, and residents.

The Inspector also conducted walkabouts of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed infection control practices, reviewed relevant health care records, relevant staffing schedules and training records, as well as relevant licensee's policies and procedures.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

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 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 and secure environment for its residents related to COVID-19 active screening for all persons entering the home.

COVID-19 Directive #3, identified that homes must ensure that all individuals seeking entry were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home, regardless of their COVID-19 vaccination status. This included all staff, students, visitors, and residents who were re-entering the home's premises.

The COVID-19 guidance document for long-term care homes in Ontario, dated October 10, 2021, identified that anyone who entered the home, with the exception of emergency first responders, were to be actively screened by a screener for signs and symptoms of COVID-19 as they entered the building.

The Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes, identified at a minimum, the questions that needed to be asked when actively screening individuals who enter the home.

On the first day of the inspection, the Screener did not ask the Inspector any questions related to COVID-19 symptoms or exposure history before the Inspector entered the home.

On the second day of the inspection, the Inspector observed a staff member complete a self-screening process. They did not refer to the home's COVID-19 Screener Questionnaire when self-screening, and entered the home without the results of their screening being verified or reviewed by a screener.

Three staff members verified that the results of the staff self-screening process were not reviewed prior to staff entering the home.

The Director of Care (DOC) acknowledged that the Screener forgot to ask the COVID-19 screening questions, as required, prior to allowing entry into the home. They also verified that the staff screening process identified at the time of the inspection was not active screening and should not be happening that way.

Not ensuring that an active screening process was always in place and that at a minimum, the required screening questions were included in the active screening process, put residents in the home at potential risk of exposure to COVID-19.

Sources: Observations, COVID-19 Directive #3, effective July 16, 2021, Ministry of

Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes", version 7., dated December 9, 2021, COVID-19 guidance document for long-term care homes in Ontario, dated October 10, 2021, Public Health Ontario, COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes 5th Revision, dated November, 2021, review of the licensee's relevant policies, the home's COVID-19 Screening and Testing Log, and interviews with the DOC 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, specifically related to active screening of all persons entering the home, 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. (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 participated in the implementation of the Infection Prevention and Control (IPAC) program, specifically related to hand hygiene.

Throughout the inspection, the following observations were made:

- A staff member left a resident room wearing gloves and holding a soiled brief. After disposing of the brief and their gloves, they attended to another task without performing hand hygiene.

- Another staff member removed their gloves and did not practice proper hand hygiene.

- A registered staff member administered medications while wearing gloves. They returned to their medication cart, removed their gloves, and resumed their duties without performing hand hygiene.

- Two staff members put on Personal Protective Equipment (PPE) prior to entering a resident household (unit) that was on contact and droplet precautions, without performing hand hygiene. Another staff member left a resident household (unit) that was on contact and droplet precautions without performing hand hygiene.

- A staff member left a resident room, took off their PPE, put on new PPE, and did not perform hand hygiene .

- A staff member handled the waste bins at a PPE removal area and was not wearing gloves. They left the area, went to the nursing station and used the telephone, without performing hand hygiene.

- A second staff member handled dirty linen bins without wearing gloves, then put on gloves without performing hand hygiene.

Both staff and management acknowledged that hand hygiene was not performed as should have been. They verified that hand hygiene was required to be performed as per the four moments of hand hygiene, after contact with the environment, and when donning and doffing PPE.

Staff failing to participate in the implementation of the infection prevention and control program by not performing hand hygiene as required put the residents at risk of contracting a health care associated infection in the home.

Sources: Observations, Public Health Ontario: Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April 2014, review of the licensee’s policy, the home’s memo on "Handwashing review", dated December 7, 2021, home’s hand hygiene training records, and interviews with the IPAC Lead, DOC, and other staff. [s. 229. (4)]

2. The licensee has failed to ensure that staff participated in the implementation of the Infection Prevention and Control (IPAC) program, specifically related to the use of personal protective equipment (PPE).

In accordance with COVID-19 Directive #5, it identified that at a minimum, 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 residents. Droplet and Contact Precautions included gloves, face shields or goggles, gowns, and surgical/procedure masks.

On an identified date, Contact and Droplet Precautions signs were noted on the exterior doors of both Porcupine Lake and Kamaskotia Lake Households indicating the entire resident household was placed on Additional Precautions. This included the requirement to put on specific Personal Protective Equipment (PPE) prior to entering the households. Additional signage was posted on the inside of the doors outlining the sequence of taking off PPE prior to exiting the resident households. Resident rooms also had Contact and Droplet Precaution signs posted on the doors.

On an identified date, Pearl Lake Household was also noted to be on Contact and Droplet precautions, with the same requirements for donning and doffing of PPE.

Throughout the inspection, the following observations were made:

- A staff member was entering a resident household wearing a gown, face mask and eye protection and did not put gloves on.

- A staff member handled the waste bins at a PPE doffing area and was not wearing gloves.

- A second staff member handled dirty linen bins in a resident household and did not wear gloves.

- Two staff members exited a resident household without changing their face mask or changing/disinfecting their eye protection.

The staff acknowledged that they should have put on all of the PPE required for contact and droplet precautions and should have taken off their face mask and eye protection upon leaving the resident household. They indicated that when a resident household was on contact and droplet precautions, they were not always sure what to do.

The Infection Prevention and Control (IPAC) Lead verified that staff were to remove their PPE when leaving the unit. The Public Health Unit (PHU) Inspector acknowledged that

there was a misunderstanding related to donning and doffing areas and would follow up with the home.

The improper use of PPE and unclear staff direction, placed residents at risk of COVID-19 infection transmission within the home.

Sources: Observations, review of COVID-19 Directive #5, effective December 22, 2021, the licensee's policy COVID-19 Universal PPE Strategy, last updated December 15, 2021, and interviews with PHU Inspector, IPAC Lead, DOC, and other staff. [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 IPAC program, specifically related to hand hygiene and the appropriate use of PPE, to be implemented voluntarily.

Issued on this 25th day of January, 2022

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

Original report signed by the inspector.