



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de 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
Dec 11, 2018	2018_625133_0026	028920-17, 009014- 18, 022734-18	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 West End Villa
2179 Elmira Drive OTTAWA ON K2C 3S1

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

JESSICA LAPENSEE (133)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): November 20, December 4, 5, 2018

The following intakes were completed in this Critical Incident System Inspection: Log #028920-17, Critical Incident Report (CIR) #2709-000036-17 and Log 009014-18, CIR #2709-000009-18 (with trend identified) and Log #022734-18, CIR 2709-000017-18 (with trend identified) were related to outbreaks of respiratory infection.

During the course of the inspection, the inspector(s) spoke with The Administrator, the Director of Care, the Clinical Coordinators, Registered Nurses, Registered Practical Nurses, Personal Support Workers and a Physiotherapy Assistant.

During the course of the inspection, the Inspector observed supplies of Personal Protective Equipment and hand sanitizer throughout identified care units, as well as methods used to identify residents for whom additional precautions are in place. The Inspector reviewed outbreak line listings and associated documents. The Inspector reviewed policies and procedures related to outbreaks and hand hygiene.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control**

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

2 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :



1. The licensee has failed to ensure that there is in place a hand-hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents.

Over the course of the inspection it was determined that the home's hand hygiene program is based on the Ontario "Just Clean Your Hands" (JCYH) evidence-based hand hygiene program for long term care homes. The JCYH program includes a requirement for ongoing monitoring of hand hygiene practices, with feedback to staff, with the goal of higher hand hygiene compliance rates and fewer infections. Direct and documented observation audits of compliance with hand hygiene practices are to be carried out, focused on at least one of the four indicated moments for hand hygiene (before initial resident/resident environment contact, before aseptic procedures, after body fluid exposure risk, after resident/resident environment contact). The observation audits allow for calculation, trending, and analysis of overall compliance with hand hygiene practices over time.

The JCYH program also requires the implementation of a hand hygiene policy. The home's Hand Hygiene policy (#IC-02-01-08, last updated October 2018) indicates that the home must complete a minimum of 40 hand hygiene observation sessions per month. The home's overall compliance with hand hygiene practice is to be evaluated monthly and reported in the annual evaluation of the home's infection prevention and control program. The policy indicates that action plans are to be developed to address when compliance in the home is below 95%.

On December 4, 2018, Clinical Coordinator (CC) #102 indicated that they had implemented a hand hygiene audit process on November 21, 2018, following the commencement of the inspection. The CC indicated that the audits, conducted on November 21, 22, 28 and 29, 2018, were the only documented audits for 2018 that they were aware of. The CC indicated that the information collected on the audit sheets had not yet been analyzed. The CC indicated that the home's hand hygiene program had not included assessment of hand hygiene compliance rates. The CC provided the hand hygiene audit sheets to the Inspector. It was noted that hand hygiene audits involving 33 Personal Support Workers (PSW) had been documented. The audits reflected that 31 PSWs had missed the "before resident contact" hand hygiene moment. Of the 31 PSWs referenced above, 11 PSWs also missed the "after resident contact" hand hygiene moment. The audits did not include assessment of the "after body fluid contact" moment, nor of the "before aseptic procedure" moment.



As a result of an interview with CC #101, and an interview with Registered Practical Nurse #113, on December 5, 2018, it was ascertained that there were no other documented hand hygiene audits conducted in 2018.

The licensee has failed to ensure that there is in place a hand-hygiene program in accordance with evidence-based practices, specifically related to the ongoing assessment of hand hygiene compliance rates. [s. 229. (9)]

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 with the requirement that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):

5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that the Director was immediately informed of an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

On December 4, 2018, the Inspector met with the Director of Care (DOC) to discuss four outbreaks of respiratory infection and the associated Critical Incident Reports (CIRs). In two of the four cases, the Director was not immediately informed about the outbreak.

An outbreak of Acute Respiratory Illness (ARI) had been declared in the home by Ottawa Public Health (OPH) on August 3, 2018. The DOC informed the Director of the ARI outbreak on August 8, 2018, via CIR 2709-000017-18.

An outbreak of ARI had been declared in the home by OPH on December 12, 2017. The DOC informed the Director of the ARI outbreak on December 14, 2017, via CIR 2709-000036-17.

The licensee has failed to ensure that the Director was immediately informed of two outbreaks of respiratory infection. [s. 107. (1) 5.]

Issued on this 11th day of December, 2018

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

Original report signed by the inspector.