

**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 1, 2022	2022_823653_0006	012740-21, 016617- 21, 017820-21, 018820-21	Critical Incident System

Licensee/Titulaire de permis

Holland Christian Homes Inc.
7900 McLaughlin Road South Brampton ON L6Y 5A7

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

Faith Manor Nursing Home
7934 Mclaughlin Road South Brampton ON L6Y 5A7

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

ROMELA VILLASPIR (653), SARAH KENNEDY (605)

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): February 17, 18, 22, 23, 24, 2022.

The following intakes were inspected in this Critical Incident System (CIS)

Inspection:

Log #(s): 012740-21, 016617-21, and 017820-21, were related to falls prevention and management.

The following intake was completed in this CIS Inspection:

Log #018820-21 was related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with the Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Agency PSW, Agency RPN, Food Service Worker (FSW), Activation Student (AS), Recreation Aide (RA), Housekeeper (HKs), Infection Prevention and Control (IPAC) Lead, Education Coordinator, Assistant Director of Resident Care (ADRC)/ Falls Lead, and the Director of Resident Care (DRC).

During the course of the inspection, the inspectors toured the home, observed IPAC practices, meal services, provision of care, reviewed clinical health records, staffing schedules, training records, and relevant policies 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.

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. (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 the staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program.

A) A review of the home's "Hand Hygiene Program" policy stated the following for hand hygiene during meal service:

- Staff to provide hand hygiene to residents before and after meals
- Staff to use alcohol-based hand sanitizer or hand sanitizing wipes before and after meals
- To assist with removal of visibly soiled hands, yellow cloths with warm water can be used followed by alcohol-based hand sanitizer or hand sanitizing wipes

During separate meal observations by Inspectors #605 and #653 in three home areas, multiple residents were not assisted by staff with performing hand hygiene using alcohol-based hand sanitizer or hand sanitizing wipes after meals. Alternatively, yellow cloths with warm water were provided by the staff to the residents to wipe their hands after meals.

By not assisting residents with performing hand hygiene using the alcohol-based hand sanitizer or hand sanitizing wipes after meals, there was potential for the spread of infectious microorganisms.

B) During an observation by Inspector #653, a team member touched three different residents on their arms and hands, without performing hand hygiene in-between contact.

By not performing hand hygiene after resident contact, there was potential for the spread of infectious microorganisms.

Sources: Home's Hand Hygiene Program policy; Inspector #605 and #653's observations; Interviews with the IPAC Lead, 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 infection prevention and control program, to be implemented voluntarily.

WN #2: 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 :

1. The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan, as it related to falls prevention.

A resident was at risk for falls and one of the interventions listed in their care plan was for staff to ensure a device is attached to their wheelchair.

During an observation by Inspector #653, the resident was in the dining room and the device was not attached to their wheelchair.

By not ensuring the application of the device, staff may not be alerted to the resident's location when they would attempt to stand up from their wheelchair.

Sources: Critical Incident System (CIS) report, resident's clinical health records; Inspector #653's observation; Interviews with a Personal Support Worker (PSW), Registered Practical Nurse (RPN), and the Assistant Director of Resident Care (ADRC)/ Falls Lead. [s. 6. (7)]

Issued on this 1st day of March, 2022

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

Original report signed by the inspector.