

**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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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Dec 14, 2021	2021_864627_0026 (A1)	018582-21	Proactive Compliance Inspection

Licensee/Titulaire de permis

Finlandia Nursing Home Limited
c/o Sudbury Finnish Rest Home 233 Fourth Avenue Sudbury ON P3B 4C3

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

Finlandia Hoivakoti Nursing Home
233 Fourth Avenue Sudbury ON P3B 4C3

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

Amended by SYLVIE BYRNES (627) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

Changes to s 229 (9) finding: "before and" were added.

Issued on this 14th day of December, 2021 (A1)

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

Original report signed by the inspector.

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The purpose of this inspection was to conduct a Proactive Compliance Inspection.

This inspection was conducted on the following date(s): November 24-26, 29-30, and December 1-3, 2021.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Chief Clinical Officer (CCO), Director of Dietary Services, Director of Life Enrichment, Maintenance Manager, Quality Representative, Chair of the Family Council, President of the Resident Council, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Dietary Aides, Building/Maintenance staff, Janitors, Housekeepers, families and residents.

The Inspectors conducted daily observations of the provision of care to the residents, staff to resident interactions, observed infection prevention and control (IPAC) practices, reviewed relevant health care records, relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

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**Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Quality Improvement
Residents' Council
Skin and Wound Care**

During the course of the original 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 :

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1. The licensee has failed to ensure that a hand hygiene (HH) program was in place in accordance with the Ontario evidenced-based (HH) program, “Just Clean Your Hand” (JCYH) related to staff assisting residents with HH before and after meals.

During observations of two meal services, the Inspector observed that not all residents were encouraged or assisted with performing HH prior to being served their meal and after they finished their meal. A Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) stated that HH for residents should occur before and after meals, by providing and assisting the residents to wash their hands with a warm, wet towel or hand sanitizer.

The home’s HH policy did not mention that residents were to be provided with HH before and after their meals.

The Director of Care (DOC), stated that the home’s expectation was that residents’ hands be washed before and after meals, snacks and activities, and that the home’s policy had not addressed HH for residents.

There was minimal risk to residents for the failure of the HH program to have a process for assisting residents to clean their hands after meals in accordance with the evidenced based JCYH program.

Sources: Observations of two meal services, interviews with staff members and DOC, record review of the home’s policy titled, “Hand Hygiene”. [s. 229. (9)]

Additional Required Actions:

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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 there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

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(A1)

1. The licensee has failed to ensure that staff members complied with the medication administration policy included in the required medication management system program.

Section 114 (2) of the Ontario Regulation 79/10 requires the licensee to ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, destruction, and disposal of all drugs used in the home.

Specifically, two RPNs did not comply with the licensee's policy titled, "Medication Administration". The policy indicated that registered staff were to tear the top of the medication pouch to ensure that the name of the resident was not connected to the listed medications.

Two RPNs were observed not tearing the top of the medication pouch that contained personal information of three residents. The residents' names and the listed medications remained attached together on the pouch. The pouches were discarded in a regular garbage bin attached to the medication cart. The Chief Clinical Officer (CCO) verified that residents' empty medication pouch would be discarded as regular garbage and this practice could be a potential breach of the residents' privacy and confidentiality.

The lack of tearing the medication pouches to ensure that the residents' names and medication were not discarded together could cause a potential breach of the residents' personal health information.

Sources: Review of the policy titled, "Medication Administration", resident and registered staff observations, interviews with the CCO, RPNs and RNs. [s. 8. (1) (b)]

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Original report signed by the inspector.