

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: July 29, 2024

Inspection Number: 2024-1203-0002

Inspection Type:

Critical Incident

Licensee: Golden Dawn Senior Citizen Home

Long Term Care Home and City: Golden Dawn Nursing Home, Lions Head

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22-25, 2024

The following intake(s) were inspected:

- Intake: #00114443 - 2705-000008-24 Related to infection prevention and control

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

Infection Prevention and Control

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INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The licensee failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the *Health Protection and Promotion Act* were followed in the home.

Rationale and Summary

In accordance with the Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings Ministry of Health Effective: April 2024, page 24 states that alcohol-based hand rubs (ABHR) must not be expired.

Three bottles of expired ABHR were located in the front foyer, lobby, and hair salon of the home.

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When the home's Infection Prevention and Control (IPAC) Lead was made aware of the expired bottles of ABHR, they were removed.

Using expired ABHR products, may increase the risk of transmission of infection agents in the home.

Sources: Observations, interview with the IPAC Lead.

Date Remedy Implemented: July 25, 2024

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that any standard issued by the Director with respect to IPAC was implemented.

A. In accordance with the IPAC Standard, revised September 2023, section 9.1, additional precautions must include both evidence-based practices related to potential droplet precautions, as well as appropriate selection and application of personal protective equipment (PPE).

Evidence-based practice, as outlined in Provincial Infectious Diseases and Advisory Committee (PIDAC): Routine Practices and Additional Precautions In All Health Care Settings, revised November 2012, states masks are to be removed correctly

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immediately after the completion of the task, and disposable masks are not to be reused.

Specifically, the licensee has failed to ensure that a staff member complied with the appropriate application of PPE for residents requiring droplet precautions.

Rationale and Summary

A nursing staff stated that when they care for residents with COVID-19, they apply a surgical mask on top of their N95 mask, and do not change their N95 mask between caring for residents.

The IPAC Lead confirmed that staff were not advised to wear any masks over their N95.

When the staff member did not appropriately don and doff their N95 mask for droplet precautions, it placed residents and themselves at risk of infection transmission.

Sources: IPAC Standard, 2023, PIDAC: Routine Practices and Additional Precautions in All Health Care Settings, 2012, and interviews with the IPAC Lead and other staff.

B. In accordance with the IPAC Standard, revised September 2023, section 7.3, (b), the IPAC Lead shall ensure that audits are performed as required.

Specifically, the licensee has failed to ensure that the IPAC Lead has implemented audits, at least quarterly, to confirm that all staff can perform the IPAC skills required of their role.

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Rationale and Summary

The IPAC Lead provided inspectors with all IPAC audits recorded from April to July 2024. There were no audits which recorded IPAC skills for all staff in the home.

The IPAC Lead stated that all staff receive annual IPAC skills training.

When there failed to be quarterly audits of staff IPAC skills, this resulted in the home being unaware of the IPAC practices being implemented by staff.

Sources: IPAC Standard, 2023, and interview with the IPAC Lead.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee shall ensure that on every shift, symptoms indicating the presence of infection in residents were monitored in accordance with any standard or protocol issued by the Director under subsection (2).

Rationale and Summary

In accordance with the IPAC Standard for Long-Term Care Homes, September 2023, additional requirements section 3.1 directs that the licensee must ensure

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surveillance actions are taken, specifically to ensure surveillance is performed on every shift.

The home's Daily Infection Signs and Symptoms Tracking Form from April to July 2024, showed that residents were not being monitored for symptoms indicating the presence of infection on every shift on 61 out of 115 days (53 percent), including on April 22, 24-28, 30, 2024, while the home was in a COVID-19 outbreak.

The IPAC Lead stated that staff were to monitor residents for symptoms of infection on both the day and night shift, and staff were to initial the tracking form to confirm that they had completed the monitoring. When the tracking form contained incomplete documentation, this indicated that monitoring was not completed.

When residents were not monitored for signs and symptoms of infection on every shift, this potentially delayed identifying and responding to residents who were presenting with new signs and symptoms of infection.

Sources: Daily Infection Signs and Symptoms Tracking Form, LTC Surveillance Toolkit April-July 2024, interview with the IPAC Lead and other staff.