

**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**Sudbury Service Area Office
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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
Feb 3, 2022	2022_899609_0002	016290-21, 017129- 21, 018008-21, 018619-21	Critical Incident System

Licensee/Titulaire de permisThe Corporation of the City of Timmins
481 Melrose Blvd. Timmins ON P4N 5H3**Long-Term Care Home/Foyer de soins de longue durée**Golden Manor
481 Melrose Boulevard Timmins ON P4N 5H3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHAD CAMPS (609)

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 10-14 and January 17-21, 2022.

The following intakes were inspected on during this Critical Incident System (CIS) inspection:

- One intake related to the abuse of a resident; and**
- Three intakes related to residents who had fallen.**

A Complaint inspection #2022_899609_0001 was completed concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with residents and family of residents, the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Facilities Supervisor, Nurse Practitioner (NP), Dietitian, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeepers and Screeners.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of resident care and services, observed staff and resident interactions, observed infection control practices, reviewed relevant health care records, internal investigation notes, as well as licensee policies, procedures and programs.

The following Inspection Protocols were used during this inspection:

**Falls Prevention
Infection Prevention and Control
Responsive Behaviours**

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

- 1 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).

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 staff participated in the implementation of the infection prevention and control (IPAC) program.

Observations by the Inspector during three meal services found that residents would finish their meals and leave the dining rooms without hand hygiene (HH) being provided or encouraged by staff.

Registered Practical Nursing (RPN) staff did not indicate that residents required after meal HH when asked by the Inspector. This was despite the home's policy which required staff provide each resident with a warm face cloth to wipe their hands at the end of the meal.

The home's HH policy indicated that it was based on the Just Clean Your Hands (JCYH) program. Both the home's IPAC Lead and Dietitian verified that residents should have had their hands cleaned after their meals and that staff admitted to them that they had forgotten.

The home's failure to provide residents with HH after their meals presented a minimal risk to residents related to the possible transmission of disease-causing organisms that may have been on their hands.

Sources: Observations of two lunch and one supper meal service, the "Just Clean Your Hands Implementation Guide Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home" Catalogue #011816 3M September 2009, the home's policies titled "Hand Hygiene" Policy #COT-GM-IC-C-03 and "Dining Room Hygiene" Policy #COT-GM-DTS-G-02-v01, interviews with RPN staff, Dietitian and IPAC

Lead. [s. 229. (4)]

2. The licensee has failed to ensure that a HH program was in place in accordance with the Ontario evidence-based HH program, JCYH related to staff assisting residents with HH before meals.

Observations by the Inspector during three meal services found most residents were not provided or encouraged with HH before they started eating their meals.

RPN staff indicated that residents who fed themselves should have HH provided to them prior to eating their meals. However, the home's HH program which indicated it was based on the JCYH program, as well as the home's dining hygiene policy failed to mention that residents required HH be provided or encouraged before they ate their meals.

The home's Dietitian and IPAC Lead verified that residents required HH be provided or encouraged before they ate their meals and that the policy would be updated.

The home's failure to ensure the HH program was in accordance with the JCYH evidence based HH program presented minimal risk to residents related to the possible transmission of disease-causing organisms that may have been on their hands.

Sources: Observations of two lunch and one dinner meal service, the "Just Clean Your Hands Implementation Guide Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home" Catalogue #011816 3M September 2009, the home's policies titled "Hand Hygiene" Policy #COT-GM-IC-C-03 and "Dining Room Hygiene" Policy #COT-GM-DTS-G-02-v01, interviews with RPN staff, Dietitian and IPAC Lead. [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 to ensure that staff participate in the implementation of the IPAC program as well as ensure that the home's HH program is in place in accordance with the Ontario evidence-based JCYH HH program, specifying that staff assist residents with HH before meals, to be implemented voluntarily.

Issued on this 4th day of February, 2022

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

Original report signed by the inspector.