

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 28, 2021	2021_823653_0028	016142-21	Critical Incident System

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**Licensee/Titulaire de permis**

Clurelea Ltd.

c/o Good Samaritan Nursing Home 481 Victoria Street East Alliston ON L9R 1J8

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

Good Samaritan Nursing Home

481 Victoria Street East Alliston ON L9R 1J8

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

ROMELA VILLASPIR (653)

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**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): October 26-27, 2021.**

**The following intake was completed in this Critical Incident System (CIS) inspection:**

**Log #016142-21 was related to an allegation of improper/ incompetent treatment of a resident that resulted in harm or risk to a resident.**

**During the course of the inspection, the inspector(s) spoke with the Housekeepers (HKs), Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Director of Resident Care (DORC), and the Administrator.**

**During the course of the inspection, the inspector toured the home, observed provision of care, meal services, Infection Prevention and Control (IPAC) practices, reviewed staffing schedules, and relevant home policies and procedures.**

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

**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 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 "Routine Practices" policy indicated that the four moments of hand hygiene include before and after resident or resident environmental contact.

During a meal service, a Personal Support Worker (PSW) put away a resident's dirty plates, assisted two residents with feeding, removed a resident's clothing protector, and touched another resident's utensils and glass. The PSW did not perform hand hygiene in-between resident contact and activities.

B) A review of the home's "Routine Practices" policy indicated that hand hygiene is to be done prior to the application of, and following the removal of all Personal Protective Equipment (PPE). Eye protection (face shield, goggles) should be worn if there is a potential for spraying of blood, body fluids, secretions or excretions when providing direct care.

-A Housekeeper (HK) did not wear eye protection when they were cleaning inside a room that was on droplet/ contact precautions. Inspector #653 pointed at the additional precautions signage posted on the door, and the HK donned eye protection using the gloves that they were already wearing.

-A PSW served a meal tray to a resident on droplet/ contact precautions. The PSW did not perform hand hygiene after removing their mask and before applying a clean mask, when they donned and doffed their PPE.

By not applying eye protection and performing hand hygiene, there was potential for transmission of infectious agents between residents and staff.

Sources: The home's policy; Inspector #653's observations; Interviews with a PSW, HK, and the Administrator [s. 229. (4)]

2. The licensee failed to ensure that there was a hand-hygiene program in accordance with evidence-based practices.

As per Public Health Ontario (PHO) Just Clean Your Hands Long-Term Care (LTC) Home Implementation Guide, it is important for staff to clean residents' hands before and after meals or snacks.

After two meal services, all residents were not provided with Alcohol Based Hand Rub (ABHR) nor assisted with performing hand hygiene after eating their meals. Alternatively, the staff used Certainty personal care wipes to wipe the residents' hands.

The Administrator confirmed that the Certainty wipes did not have alcohol content, and that the home's hand hygiene policy did not include assisting residents to perform hand hygiene before and after meals.

By not ensuring that the home's hand-hygiene program was in accordance with evidence-based practices, there was potential for the spread of infectious microorganisms.

Sources: The home's policies; PHO Best Practices for Hand Hygiene in All Health Care Settings, 4th edition April 2014; Inspector #653's observations; Interviews with a PSW, and the Administrator. [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 all staff participate in the implementation of the program, and 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.***

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**Issued on this 29th day of October, 2021**

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

**Original report signed by the inspector.**