

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: August 21, 2024
Inspection Number: 2024-1102-0004
Inspection Type: Critical Incident
Licensee: Clurelea Ltd.
Long Term Care Home and City: Good Samaritan Nursing Home, Alliston
Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 12-15, 2024

The following intake(s) were inspected:

- Intake: #00116193: CI #2588-000012-24 related to ARI outbreak.

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

INSPECTION RESULTS

WRITTEN NOTIFICATION: CMOH and MOH

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

CMOH and MOH

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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 are followed by the staff.

A) Rationale and Summary

The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, revised April 2024, stated all health care workers or essential caregivers providing direct care to or interacting with a suspect or confirmed case of COVID-19 should wear eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves, a well-fitted medical mask (surgical/procedure) or a fit-tested, seal-checked N95 respirator (or approved equivalent).

The home's Additional Precautions policy indicated that the for suspected/confirmed COVID-19, the Personal Protective Equipment (PPE) to be used is an N95 respirator (fit tested, seal checked), gown, gloves, and eye protection.

The Long-Term Care Home (LTCH) Inspector observed a Personal Support Worker (PSW) standing inside the room setting up the lunch tray for a resident, who was on droplet contact precautions for COVID-19. The PSW was not wearing the PPE while interacting with the resident inside their room.

By not adhering to the recommendations issued by the Chief Medical Officer of Health or a medical officer of health related to additional precautions, there was an increased risk for the spread of infectious microorganisms amongst the residents

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and staff members.

Sources: The home's Additional Precautions policy, LTCH Inspector observations on South side; Interviews with the IPAC Lead, and the PSW.

B) Rationale and Summary

The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, revised April 2024, stated that, Routine Practices are based on the premise that all clients/patients/residents are potentially infectious, even when asymptomatic, and that these standards of practice should be used routinely during all care. Routine practices include that glove use is not a substitute for hand hygiene; hand hygiene is required before donning and after doffing gloves.

The LTCH Inspector made staff observations on the home area which was on outbreak at the time. A PSW was observed wearing the same gloves while entering and exiting multiple spaces including a residents room and a non-outbreak unit. They did not completed hand hygiene (HH) throughout this period.

The IPAC lead said staff were not supposed to wear gloves in the hallway and they should not have worn double gloves. The IPAC Lead said staff were expected to perform HH.

There was potential risk to residents when staff continued to wear gloves in the hallway and did not perform hand hygiene , which could have led to the spread of potentially harmful pathogens and infection

Sources: Observations, interview with PSW and the IPAC lead

COMPLIANCE ORDER CO #001 Infection prevention and control program

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NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall specifically:

1. Ensure all staff who work on the outbreak home area receive education on the home's Hand Hygiene (HH) policy including when to assist or encourage residents to perform HH.
2. Ensure written records are kept including the date and time the education is provided, content of the education, names of the staff members who receive the education and the name of the person who provides the education.
3. Ensure weekly HH audits are completed on the outbreak unit for four weeks to observe whether staff assist or encourage HH of residents both at meals and at snacks.
4. The audits must include a written record of:
 - a) The date, time, and location of the hand hygiene audits;
 - b) Whether the audit was for a meal service or for a snack period
 - c) The name and role of the staff members who were audited;
 - d) The name and role of the staff member who completed above audits;
 - e) The name of each resident observed and whether a concern was identified; and

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f) Any follow up action taken to address the concerns identified.

Grounds

The licensee has failed to ensure that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

The Infection Prevention and Control (IPAC) Standard for Long Term Care Homes revised September 2023 (IPAC Standard) section 10.2 (c) states that the hand hygiene program shall include assistance to residents to perform hand hygiene before meals and snacks.

A) Rationale and Summary

The Long-Term Care Home (LTCH) Inspector observed the lunch meal service on the home area when there was a COVID-19 outbreak declared.

During the observation, multiple residents were not offered hand hygiene before they were served their meals by Personal Support Workers (PSWs).

By not performing hand hygiene, there was an increased risk of microorganism transmission among the residents and staff.

Sources: Lunch meal observation, Interviews with PSWs and IPAC lead

B) Rationale and Summary

The LTCH Inspector observed the morning snack pass on the South side home area where the COVID-19 outbreak was in effect.

During the observation, multiple residents were not offered hand hygiene before being served snacks by Personal Support Workers (PSW)s.

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By not performing hand hygiene, there was an increased risk of microorganism transmission among the residents and staff.

Sources: Morning snack observation, Licensee Infection and prevention control, Interviews with PSWs and IPAC lead

This order must be complied with by October 2, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

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Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of

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appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.