Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 23, 2024	
Inspection Number: 2024-1198-0002	
Inspection Type: Critical Incident	
Licensee: Arnprior Regional Health	
Long Term Care Home and City: The Grove Nursing Home, Arnprior	
Lead Inspector Karen Buness (720483)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 1, 2, 3, 6, 2024

The following intake(s) were inspected:

- Intake: #00104104, Intake: #00105202, Intake: #00113050 and Intake: #00113052 related to a disease outbreak
- Intake: #00109127 related to the fall of a resident which resulted in a significant change in health status

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 102 (4) (b)
Infection prevention and control program
s. 102 (4) The licensee shall ensure,
(b) that an interdisciplinary infection prevention and control team that includes the infection prevention and control lead, the Medical Director, the Director of Nursing and Personal Care and the Administrator co-ordinates and implements the program;

The licensee has failed to ensure that an interdisciplinary infection prevention and control team that includes the Medical Director and the Administrator co-ordinates and implements the program.

Rationale and Summary:

Upon review of the licensee's Infection Prevention and Control (IPAC) Quality Committee Meeting minutes of the last two quarterly meetings, Inspector noted the Medical Director and Administrator were not on the list of either the present or absent attendees.

When interviewed the Administrator confirmed the home's medical director and administrator are not members of the IPAC interdisciplinary committee.

Failure to ensure all members required as per legislative requirements are on the interdisciplinary IPAC team could impact the effectiveness of the IPAC program.

Sources: IPAC Quality Committee Meeting minutes, interview with the Administrator

[720483]

WRITTEN NOTIFICATION: Reports re critical incidents

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246 / 22, s. 115 (1) 5.
Reports re critical incidents
s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):
5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that the Director is immediately informed of an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

Rationale and Summary:

The licensee's Declaring an Outbreak policy directs the Administrator, Director of Care or designate to notify the Director once an outbreak has been confirmed.

A review of the CIS (Critical Incident System) report, notifying the Director of a COVID-19 disease outbreak revealed the Director was notified 15 days after the outbreak was declared. A review of a CIS report, notifying the Director of an additonal COVID-19 disease outbreak revealed the Director was notified four days after the outbreak was declared.

Failure to notify the Director immediately could have delayed the licensee's response to the disease outbreaks.

Sources: Critical Incident System reports and the Licensee's Declaring an Outbreak policy

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COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee shall:

A. Educate all staff who provide assistance to residents with meals on resident hand hygiene related to meal service as per evidence based best practice standards.
B. Maintain records of the above including the staff name, date of completion and who provided the education.
C. Perform weekly hand hygiene audits to ensure that staff are following the licensee's Infection, Prevention and Control Program. Audits are to be conducted until consistent compliance to the Infection, Prevention and Control Program described above is demonstrated.
C. Take corrective actions to address staff non-compliance related to hand hygiene as identified in the audits.
D. Written records of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

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

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control (IPAC), specifically related to assisting residents with hand hygiene prior to meals.

Rationale and Summary:

During an observation of the lunch service on a resident unit, Inspector observed Personal Support Workers (PSW) and recreation staff porter 16 residents into the dining room. Six residents entered the dining room independently. Out of the 22

residents, zero residents received either prompting or physical assistance with hand hygiene prior to being served their beverages and meal.

During a second observation of the breakfast meal on a second resident unit, Inspector observed PSW staff porter seven residents into the dining room. Two residents entered the dining room independently. Out of the nine residents, three residents received physical assistance with hand hygiene prior to receiving their beverages and meal, the remaining residents did not receive prompting to perform hand hygiene or receive physical assistance with hand hygiene prior to meal delivery.

A third observation of the lunch meal was conducted on a third resident unit. Inspector observed PSW staff and recreation staff porter 17 residents into the dining room and four residents enter the dining room independently. Out of the 21 residents, only one resident received assistance with hand hygiene prior to being provided their beverages and meal. One resident performed hand hygiene independently without need of prompting.

When interviewed the Infection Prevention and Control (IPAC) Lead stated it is the expectation that staff assist residents with hand hygiene prior to meals. During interviews with a PSW and a Registered Practical Nurse (RPN), both staff members reported staff are required to assist residents with hand hygiene prior to meals.

A review of the licensee's Hand Hygiene Policy revealed staff are directed to encourage and / or offer assistance to residents to properly wash or sanitize their hands (based on their preference) for all resident activities, including before and after meals or snacks.

Failure to assist residents to perform hand hygiene prior to meals increases the risk

of the transmission of communicable diseases.

Source: Observations, interviews with a PSW, a RPN, the IPAC Lead and the Licensee's Hand Hygiene Policy

[720483]

This order must be complied with by July 31, 2024

REVIEW / APPEAL INFORMATION

TAKE NOTICEThe 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:

Director
c / o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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 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
Toronto, ON, M7A 1N3
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.