

**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**

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
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Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
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Télécopieur: (519) 885-2015

Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 2, 2022	2022_981218_0003	000365-22	Critical Incident System

Licensee/Titulaire de permis

peopleCare Communities Inc.
735 Bridge Street West Waterloo ON N2V 2H1

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

peopleCare Hilltop Manor Cambridge
42 Elliott Street Cambridge ON N1R 2J2

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

APRIL RACPAN (218)

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): February 10, 11, 15, 2022.

The following intake was completed in this inspection:

- Log #000365-22 / Critical Incident System (CIS) report related to infection prevention and control (IPAC) practices.

During the course of the inspection, the inspector(s) spoke with the Interim Executive Director (ED), the Executive Director of Care (DOC), the Director of Food Services (DFS), Public Health (PH) representatives, Registered staff, Personal Support Worker(s), Housekeeping staff, the Surveillance Screener, and multiple residents.

During the course of the inspection, the inspector(s) conducted a tour of the resident home areas (RHAs), observed IPAC measures and meal services, and completed resident and staff interviews. The inspector(s) also reviewed posting of required information, relevant home policies and procedures, and other pertinent documents.

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

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

1 WN(s)

1 VPC(s)

1 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 all staff participated in the implementation of the home's hand hygiene program.

Public Health Ontario (PHO) Best Practice Guidelines (BPGs) for hand hygiene (HH) practices emphasized that staff and residents hands were to be cleaned before and after eating meals, and during assistance with feeding.

The home's expectation was for staff to remind, encourage, and assist residents with HH before and after eating their meals in the dining room. Staff were also required to perform HH before feeding a resident and in between feeding multiple residents.

The preferred method for HH is the use of an alcohol-based hand rub (ABHR). If water was not available when hands were visibly soiled, moistened towelettes were to be used, followed by the use of ABHR.

During the course of the inspection the following were observed during meal services:

- On the Grand River and Preston RHAs during a lunch meal service, majority of the residents were not provided with proper HH assistance after they finished eating. Staff provided residents with moistened towelettes for HH and the practice was not followed up with the use of ABHR.
- On the Galt RHA during a breakfast meal service, majority of the residents were not provided with proper HH assistance after they finished eating. The residents were either not reminded to perform HH or they were provided with a moistened towelette without being followed up by the use of ABHR. Additionally, a PSW acknowledged that they

assisted in feeding multiple residents without performing HH in between.

Three residents said they were not offered or provided with assistance in using ABHR as a method of HH.

Multiple direct care staff shared that they used moistened towelettes alone as a method of performing HH for residents in replacement of ABHR post meals.

The home's DFS and Executive DOC, acknowledged that they did not follow the home's HH program and PHO BPGs, as required. They were under the impression that moistened towelettes could be used alone and were unaware that the moistened towelettes had no alcohol level concentration.

The PH Inspector said that the use of moistened towelettes in replacement of ABHRs was not recommended for HH practice.

Not following the home's hand hygiene program during meal services placed staff and residents at risk for the spread of disease.

Sources: PHO: Just Clean Your Hands (JCYH) Long Term Care Home (LTCH) Implementation Guide, PHO Best Practices for Hand Hygiene in All Health Care Settings 4th Edition, LTCH's Hand Hygiene Program and Dining protocols, dining observations, interviews with residents, PSWs, the DFS, the Executive DOC, and the PH Inspector. [s. 229. (4)]

2. The licensee failed to ensure that the home's hand hygiene program was in accordance with prevailing practices, related to snack services.

The PHO BPGs states that in order to improve hand hygiene behaviour LTCHs are required to develop an evidence-based, multifaceted HH program. The program is required to incorporate the indications for HH including, but not be limited to the following:

- before initial contact with a resident or items in their environment; this should be done on entry to the room or bed space, even if the resident has not been touched
- before preparing, handling or serving food to a resident
- clean resident hands before and after a meal or snack

The home's expectation required that during nutritional care rounds of snack and beverage delivery, staff were to offer and assist residents in performing HH, using ABHR prior to the residents having their beverage or snack.

On two separate occasions on the Speed River and Galt RHAs, two staff members did not offer or assist any of the residents in performing HH prior to them having their snack or beverages.

The Executive DOC acknowledged that the home's HH program did not include HH indications for staff and residents during nutritional rounds for snacks and beverages.

Not ensuring that the home's hand hygiene program included prevailing practices on HH indications placed staff and residents at potential risk for the spread of disease.

Sources: PHO: JCYH LTCH Implementation Guide, PHO Best Practices for Hand Hygiene in All Health Care Settings, snack service observations, interviews with staff, the DFS, the Executive DOC, and the PH Inspector. [s. 229. (9)]

Additional Required Actions:

***CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".
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 the home's hand hygiene program is in
accordance with prevailing practices, to be implemented voluntarily.***

Issued on this 8th day of March, 2022

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : APRIL RACPAN (218)

Inspection No. /

No de l'inspection : 2022_981218_0003

Log No. /

No de registre : 000365-22

Type of Inspection /

Genre d'inspection: Critical Incident System

Report Date(s) /

Date(s) du Rapport : Mar 2, 2022

Licensee /

Titulaire de permis : peopleCare Communities Inc.
735 Bridge Street West, Waterloo, ON, N2V-2H1

LTC Home /

Foyer de SLD : peopleCare Hilltop Manor Cambridge
42 Elliott Street, Cambridge, ON, N1R-2J2

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Paul Rektor

To peopleCare Communities Inc., you are hereby required to comply with the following
order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Order / Ordre :

The licensee must be compliant with s. 229 (4) of the Ontario Regulations 79/10.

Specifically, the licensee must:

- 1) Ensure that all staff comply with the home's hand hygiene policy, related to providing residents with hand hygiene assistance before and after they finish their meals, using alcohol based hand rub (ABHR).
- 2) Re-educate all direct care staff, including students/volunteers, on the home's hand hygiene policy and on Public Health best practice guidelines for staff and residents performing hand hygiene during meal services.
- 3) A documented record of the education will be kept at the home and include the names of the individuals who attended the education, the name(s) of the person(s) who provided the training, the dates and contents of the education provided.
- 4) Designate an individual(s) to conduct daily hand hygiene audits on different shifts and meal services on all home areas. The audits are to continue for a minimum of one month and until compliance has been achieved. A record of the audits and any follow up actions taken must be documented and be made available upon request.

Grounds / Motifs :

1. The licensee failed to ensure that all staff participated in the implementation of the home's hand hygiene program.

Public Health Ontario (PHO) Best Practice Guidelines (BPGs) for hand hygiene

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

(HH) practices emphasized that staff and residents hands were to be cleaned before and after eating meals, and during assistance with feeding.

The home's expectation was for staff to remind, encourage, and assist residents with HH before and after eating their meals in the dining room. Staff were also required to perform HH before feeding a resident and in between feeding multiple residents.

The preferred method for HH is the use of an alcohol-based hand rub (ABHR). If water was not available when hands were visibly soiled, moistened towelettes were to be used, followed by the use of ABHR.

During the course of the inspection the following were observed during meal services:

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The home's DFS and Executive DOC, acknowledged that they did not follow the home's HH program and PHO BPGs, as required. They were under the impression that moistened towelettes could be used alone and were unaware that the moistened towelettes had no alcohol level concentration.

Order(s) of the Inspector

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Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The PH Inspector said that the use of moistened towelettes in replacement of ABHRs was not recommended for HH practice.

Not following the home's hand hygiene program during meal services placed staff and residents at risk for the spread of disease.

Sources: PHO: Just Clean Your Hands (JCYH) Long Term Care Home (LTCH) Implementation Guide, PHO Best Practices for Hand Hygiene in All Health Care Settings 4th Edition, LTCH's Hand Hygiene Program and Dining protocols, dining observations, interviews with residents, PSWs, the DFS, the Executive DOC, and the PH Inspector.

An order was made by taking the following factors into account:

Severity: There was actual risk of spreading infectious disease when staff did not complete proper hand hygiene practices during the meal services.

Scope: This non-compliance was widespread because improper hand hygiene practices were observed throughout three out of three meal services.

Compliance History: In the last 24 months, the licensee was found to be in non-compliance with s. 229 (4) of O. Regs 79/10 and nine Voluntary Plan of Corrections (VPCs) and 14 Written Notifications (WNS) were issued to the home. The licensee was also previously issued five Compliance Orders (COs), all of which have been complied. (218)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Mar 31, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

The written request for review must be served personally, by registered mail, commercial courier or by fax 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
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
Fax: 416-327-7603

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

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section 154 of the *Long-Term
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
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Care Homes Act, 2007*, S.O.
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foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 2nd day of March, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : April Racpan

Service Area Office /

Bureau régional de services : Central West Service Area Office