

**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  
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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>
Jun 23, 2021	2021_785732_0017	025886-20	Critical Incident System

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**Licensee/Titulaire de permis**Hilltop Manor Nursing Home Limited  
1005 St. Lawrence Street P.O. Box 430 Merrickville ON K0G 1N0**Long-Term Care Home/Foyer de soins de longue durée**Hilltop Manor Nursing Home (Merrickville)  
1005 St Lawrence Street P.O. Box 430 Merrickville ON K0G 1N0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

EMILY PRIOR (732)

**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): June 14 and 15, 2021.**

**Log #025886-20 (Critical Incident #2645-000005-20), related to falls prevention, was inspected in this Critical Incident (CI) System inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC) and Infection Prevention and Control (IPAC) lead, the Environmental Services Manager (ESM), a Registered Practical Nurse, Personal Support Workers (PSW), and a housekeeper.**

**The inspector(s) also observed the provision of care and services to residents, staff to resident interactions, resident care and home environments, dining service, thermometers, and infection prevention and control practices; as well as reviewed resident health care records, temperature monitoring documentation, and relevant policies.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention**

**Infection Prevention and Control**

**Safe and Secure Home**

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

**2 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 program, specifically related to the licensee's hand hygiene program.

The licensee's Hand Hygiene policy is based on the Four Moments of Hand Hygiene and described the first moment as before initial resident/resident environment contact. It further described to clean your hands when entering - before touching resident, or before touching any object or furniture in the resident's environment. It also described the fourth moment of hand hygiene as after resident/resident environment contact, further explaining to clean your hands when leaving - after touching resident, or after touching any object or furniture in the resident's environment.

Inspector observed a lunch meal service in which a PSW was noted to be assisting a resident to eat lunch. The PSW then went to a different resident who was moving away from their table in their wheelchair and assisted the resident back to their dining spot by pushing on the wheels of the resident's wheelchair. The PSW then went back to the resident they were assisting prior to this and provided the resident a drink from the resident's glass. The PSW then grabbed a tray from the servery counter for a different resident and provided this to that resident. After this, the PSW went to the beverage cart and used a juice jug to pour the resident a glass of juice and provided this to the resident. They then opened up the resident's yogurt for them, touching the resident's spoon and placing it inside the yogurt. The resident then proceeded to eat their yogurt. The PSW then went and got a dessert from the servery and gave this to a resident, touching the residents spoon and placing it in the dessert. The resident then proceeded to eat their dessert. The PSW then sanitized their hands and sat down with the resident who they were originally assisting to finish feeding that resident.

The staff member failed to perform hand hygiene prior to resident environment contact on numerous occasions as well as after resident environment contact. Lack of hand hygiene increases the risk of disease transmission between residents and staff.

Sources: Infection Prevention and Control Manual, Hand Hygiene, Index ID: 1FC H-15; and observation of lunch service. [s. 229. (4)]

2. The licensee has failed to ensure that the hand hygiene program was in place in accordance with evidence-based practices, specifically related to assisting residents to perform hand hygiene before and after meals.

Evidence based practice indicates that staff should assist residents to perform hand hygiene before and after meals. On two dates, the lunch meal service observations in both dining rooms at the end of the hall revealed that residents' hands were not cleaned before the meal.

The DOC explained that residents should have hand hygiene performed prior to meals and that most of their residents would require assistance with this, however, the licensee's Hand Hygiene policy did not indicate this.

Lack of hand hygiene increases the risk of disease transmission among residents and staff.

Sources: Public Health Ontario - Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition (April 2014); Infection Prevention and Control Manual, Hand Hygiene, Index ID: 1FC H-15; observation of lunch service, and interview with DOC. [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 infection prevention and control program, and that the licensee's hand hygiene program is in place in accordance with evidence-based practices, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 21. Air temperature  
Specifically failed to comply with the following:**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**1. At least two resident bedrooms in different parts of the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. O. Reg. 79/10, s. 21 (2).**

**s. 21. (2) Every licensee of a long-term care home shall ensure that the temperature is measured and documented in writing, at a minimum in the following areas of the home:**

**3. Every designated cooling area, if there are any in the home. O. Reg. 79/10, s. 21 (2).**

**s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the temperature of at least two resident bedrooms in different parts of the home, one resident common area on every floor, and every designated cooling area was measured and documented and that the measured temperature was documented at least once every morning, once every afternoon, and once every evening or night.

The ESM explained that they monitor the temperature in all resident rooms, hallways, lounges, and dining rooms every day at the start of their shift, and before leaving at the end of their shift, around 1430 hours, but that the temperatures were not documented. The ESM and the DOC indicated that the designated cooling areas are the dining rooms. The DOC described that the RN on every shift, every day, is responsible for recording the temperature in a resident room on the north hall, in a resident room on the west hall, and both dining rooms and that this started on June 10, 2021. The DOC confirmed that from May 15, 2021 to June 9, 2021, this was not being done.

There is a risk to resident comfort and safety when the temperatures are not measured and documented in the specified areas of the home during the required time frames.

Sources: Memorandum from Sheila Bristo ADM, Long-Term Care Operations Division to Long-Term Care Home Stakeholders, April 1, 2021; temperature monitoring record; and interview with ESM and DOC. [s. 21. (2) 1.]

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**Issued on this 9th day of July, 2021**

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

**Original report signed by the inspector.**