

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

Central West District

609 Kumpf Drive, Suite 105 Waterloo, ON, N2V 1K8 Telephone: (888) 432-7901

	Original Public Report
Report Issue Date: February 9, 2024	
Inspection Number: 2024-1597-0001	
Inspection Type:	
Critical Incident	
Licensee: Corporation of the County of Huron	
Long Term Care Home and City: Huronlea Home for the Aged, Brussels	
Lead Inspector	Inspector Digital Signature
Nuzhat Uddin (532)	
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 31, 2024 and February 1-2, 2024

The following intake(s) were inspected:

• Intake: #00101957 - related to infection prevention control.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control



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INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1. **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 licensee has failed to ensure that any standard or protocol issued by the Director with respect to IPAC was implemented.

The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 10.4 (h), indicates that the licensee shall ensure that the hand hygiene program includes policies and procedures, as a component of the overall IPAC program, as well as support for residents to perform hand hygiene prior to receiving meals.

Hand Hygiene Policy # A09-IC-200-23, dated November 2023, directed staff to offer each resident alcohol based hand rub (ABHR) or soap and water for hand hygiene right before eating their meal. It further instructed staff to provide support to those residents who may have difficulty in completing hand hygiene due to mobility, cognitive or other impairments (e.g., behaviours).

It was observed that a resident was being assisted into a dining room without being given the opportunity to wash their hands or use the ABHR.



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According to a staff member, they were not present in the dining area when the lunch service started to provide the ABHR.

IPAC Lead stated that staff were trained to offer the ABHR and /or soap and water for hand hygiene.

Gaps in residents' hand hygiene practice increased the risk of possible transmission of infectious microorganisms.

Sources: Hand Hygiene Policy #A09-IC-200-23, meal observation on February 1, 2024, interview with residents, PSW, RPN and IPAC lead. [532]