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

London District
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: February 10, 2023	
Inspection Number: 2023-1560-0003	
Inspection Type: Complaint Critical Incident System	
Licensee: Corporation of the County of Huron	
Long Term Care Home and City: Huronview Home for the Aged, Clinton	
Lead Inspector Debbie Warpula (577)	**Inspector Digital Signature** Debbie L Warpula Digitally signed by Debbie L Warpula Date: 2023.02.23 14:35:18 -05'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
January 16, 17, 18, 19, 23, 25 and 27, 2023.

The following intake(s) were inspected:

- Intake: #00002769 - Fall of a resident resulting in injury;
- Intake: #00002844 - Complaint regarding resident care;
- Intake: #00007914 - Improper care related to diet texture; and
- Intake: #00017094 - Complaint regarding staff qualifications.

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

Falls Prevention and Management
Food, Nutrition and Hydration
Staffing, Training and Care Standards
Residents' Rights and Choices

Infection Prevention and Control

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 (8)

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program when a resident did not have appropriate Personal Protective Equipment (PPE) at point of care.

Rationale and Summary:
The IPAC Standard for Long-Term Care Homes dated April 2022, states the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program.

Review of the home's policy "Antibiotic Resistant Organisms (ARO), Methacillin Resistant Staphylococcus (MRSA), Vancomycin Resistant Enterococci (VRE), Extended Spectrum Beta-Lactamase (ESBL), Carbapenemase Producing Enterobacteriaceae (CPE), clostridium difficile (CDI) – A09-IC-016-09" revised January 2023, indicated that any resident who was ARO positive would be cared for using Contact Precautions; PPE must be kept at the entrance to the room or immediately outside of the room.

During a record review of the home's ARO list, Inspector #577 noted that a resident was on Contact Precautions for a particular ARO.

A record review of the resident's progress notes indicated that the resident was admitted on an identified date, and four weeks later, positive results from admission swabs done were found in the resident's chart; they were not previously aware that the resident tested positive and the results were not signed by the physician or Registered Nurse Extended Class (RNEC). A Contact precautions sign was placed on their door in addition to a PPE cart at the resident's door.

During observations on an identified date, Inspector #577 noted that the resident had a Contact precautions sign on their door and there was not a PPE bin at their entrance to their room or outside of their room. In an interview with a PSW, they acknowledged the Contact precautions sign on the resident's door and reported that the resident was not on Contact precautions.

During an interview with another PSW, they advised that the resident was on Contact precautions and advised that the resident had a PPE bin outside their door on the evening before.

In an interview with the Director of Care (DOC), they advised that residents who tested positive for an ARO were expected to have had a PPE bin at their doorway or outside of their room and a Contact precautions sign on their door.

Staff not implementing the home's IPAC program by not having appropriate PPE at point of care for a resident, put residents and staff at risk of potentially spreading healthcare associated infections.

Sources: IPAC observations in the home, review of home's policy "Antibiotic Resistant Organisms (ARO), MRSA, VRE, ESBL, CPE, CDI", the home's ARO list, a resident's progress notes, interviews with two PSWs, ADOC and the DOC.

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22 s.102 (2) (b)

The licensee has failed to ensure all staff participated in the implementation of the Infection Prevention and Control Program (IPAC) in accordance with IPAC Standard for Long-Term Care Homes and with home's Hand Hygiene (HH) policy related to staff not providing resident prior to a meal service.

O. Reg. 246/22, s. 102 (2)(b) requires the licensee to implement any standard or protocol issued by the Director with respect to infection prevention and control.

During observations of a meal service, Inspector #577 observed residents served their meal and hand hygiene had not been offered prior to their meal.

A review of the home's policy "Resident Hand Hygiene" revised January 2023, indicated that staff must offer each resident Alcohol-Based Hand Rub (ABHR) for hand hygiene right before eating their meal. Support should be offered to those residents who may have difficulty in completing hand hygiene due to mobility, cognitive or other impairments. The appropriate time would be after the resident was seated and prepared to eat.

During interviews with three PSWs, they advised that they had not offered hand hygiene to the residents prior to lunch service. One PSW stated that hand hygiene sometimes was forgotten. Another PSW advised that all residents should be offered hand hygiene prior to meals.

In an interview with the Associate Director of Care (ADOC), they reported that during their hand hygiene audits they had observed that staff had not been consistently offering hand hygiene to residents prior to meals and it was expected that staff offer residents hand hygiene prior to meals/snacks.

In an interview with Huron-Perth Public Health Nurse, they advised that staff should be providing resident hand hygiene prior to meals.

In an interview with the DOC, they advised that staff were responsible to be assisting residents with hand hygiene prior to meals/snacks.

Staff not implementing the home's IPAC program by not providing hand hygiene to residents prior to their meal service, put residents at risk of potentially spreading healthcare associated infections.

Sources: IPAC observations in the home, review of home's policy "Resident Hand Hygiene", the IPAC Standard for Long Term Care Homes (April 2022); interviews with three PSWs, the ADOC and DOC.

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COMPLIANCE ORDER CO #001 Nutrition and Hydration
NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: FLTCA, 2021, s. 3 (1) 16

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

The licensee shall:

A) Ensure that a Food Service Worker (FSW) and Personal Support Workers (PSWs) on a particular home area serve the correct food textures and fluid consistencies for meals and snacks, according to the resident's plan of care and Kardex; specifically, for those residents prescribed modified textures;

B) Food Service Manager (FSM) or designate will conduct meal and snack audits in the particular home area at least weekly to ensure the residents are receiving the correct food textures in accordance with their plan of care. Audits will continue until the Compliance Order is complied by an inspector; and

C) Maintain a record of the completed audits.

Grounds

Non-compliance with: FLTCA, 2021, s. 3 (1) 16

The licensee has failed to ensure a resident’s right to proper nutritional care and services consistent with their needs, was fully respected, promoted and implemented.

Rationale and Summary:

A Critical Incident System (CIS) report was received by the Director on an identified date, related to a resident having received the incorrect food texture and they experienced an incident.

A review of the home’s policy “Meal Service – A09-NC-018-10” revised August 2009, indicated

that all meals were to be served according to the dietary Kardex and the therapeutic spread sheets.

A record review of the resident's care plan and the 'meal service report', at the time of the incident indicated that the resident was prescribed a particular texture.

A review of the resident's care plan indicated that the resident was to have received a particular fluid consistency, initiated on an identified date. A progress note on an identified date indicated that the Registered Dietitian (RD) had changed the residents fluid consistency, as per observed medical impairments and their disease process.

A record review of a Memo dated for an identified date, documented by the RD to the staff, indicated that the Power of Attorney (POA) of the resident had reported to the RD that the resident had been given the incorrect fluid consistency on a few occasions, where the resident required a particular fluid consistency, and was witnessed by the family; staff were responsible to have ensured that residents received the correct diet textures and fluid consistencies and a choking episode could have serious outcomes. Before providing any food or beverage to residents, it was crucial that all staff referred to the resident's diet orders found in the dining room, snack cart, Kardex or on Point Click Care.

An email on an identified date, from the RD to the Food Service Manager (FSM), ADOC and previous DOC indicated that the resident's POA expressed concerns that the resident had been given the incorrect fluid consistency. The resident was ordered a particular consistency and the family had witnessed staff offering the incorrect fluid consistency.

An email on an identified date, from a Registered Nurse (RN) to the FSM, ADOC, RD, Registered Practical Nurse (RPNS), and RNs, indicated that the resident's family member voiced concerns over several months concerning the resident being given the incorrect fluid texture. It was occurring primarily during snack pass. The email requested a reminder to the PSW staff concerning the resident's fluid consistency for enhanced awareness to prevent it from re-occurring. Additionally, a large sign was placed on the resident's bedside and on the snack cart regarding the resident's required fluid consistency.

A progress note by the RD on an identified date, indicated the implementation of a particular food product with a specific consistency. An email from an RN to the FSM, on an identified

date, indicated that the resident had been given the incorrect food consistency and had a coughing episode.

A review of the physician orders and progress notes on an identified date, indicated particular orders were received for the resident due to a change in health status and family wishes for specific care.

In an interview with the FSM they indicated that the resident was prescribed a particular texture diet with a particular food product with a specific consistency and the FSW had given the resident the incorrect consistency. They stated that the FSW said they had missed reading the specific consistency on the Kardex. The FSM stated that the FSW had not followed the residents nutritional care plan.

In an interview with the DOC, they advised that the nutritional care plan for the resident had not been followed, as specified.

Not following the resident's nutritional interventions put the resident at actual risk and the resident suffered an specific episode.

Sources: a CIS report, review of a resident's care plan, the home's policy "Meal Service – A09-NC-018-10", the resident's meal service report, progress notes, two email threads, a memo written by the RD, physician orders, interviews with an RN, FSM, and the DOC.

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This order must be complied with by March 10, 2023

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:

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 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.