

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: January 10, 2024

Inspection Number: 2023-1003-0004

Inspection Type:

Critical Incident

Licensee: King Nursing Home Limited

Long Term Care Home and City: King Nursing Home, Bolton

Lead Inspector

Mark Molina (000684)

Inspector Digital Signature

Additional Inspector(s)

Daniela Lupu (758)

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 2-5, 8, 2024

The following intake(s) were inspected:

- Intake: #00094628 - related to injury of unknown cause
- Intake: #00096171 - related to COVID-19 outbreak
- Intake: #00105501 - related to failure/breakdown of major system

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

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Directives by Minister

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

Directives by Minister

Binding on licensees

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to ensure that the home carried out the policy directive for management of individuals suspected for COVID-19 and PPE requirements when interacting with suspected cases of COVID-19.

In accordance with the Minister's Directive, COVID-19 Response Measures for Long-Term Care Homes, effective August 30, 2022, issued under the Fixing Long-Term Care Act, 2021, the licensee was required to ensure that case management and PPE requirements were followed as set out in the Ministry of Health COVID-19 Guidance Document for Long-Term Care Homes in Ontario, effective September 7, 2023.

Rationale and Summary

The Ministry of Health COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, effective September 7, 2023, section 4, documented licensees should ensure the requirements for case management and, the

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requirements for PPE use in section 2, were followed as set out in the COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units Version 11 – June 26, 2023.

The COVID-19 Guidance Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units effective June 26, 2023, states when a resident has signs and symptoms consistent with an acute respiratory illness, the resident should be placed on Additional Precautions, medically assessed and tested for COVID-19 and other respiratory viruses as soon as possible, using a laboratory molecular test. Results of Rapid Antigen Test RATs, positive or negative, should not change the management plan for a symptomatic resident and they should be treated as a suspect case until their molecular test results are known. All roommates of a resident suspected for COVID-19 should also be placed on Additional Precautions. When this is not possible, the use of physical barriers, such as curtains or a cleanable barrier to create separation between the case and the roommate is recommended. The recommended PPE when providing direct care to a resident with suspect or confirmed COVID-19, include a fit-tested, seal-checked N95 respirator (or approved equivalent), eye protection, gown and gloves.

The home's Novel Coronavirus -COVID-19 Prevention and Management policy, documented that when providing direct care for a COVID-19 probable/positive resident, staff should follow Droplet and Contact Precautions, which included the use of a N95 respirator, isolation gown, eye protection and gloves. Residents were to be monitored for symptoms minimum daily and if a resident developed symptoms or required isolation, the residents should be assessed twice daily using Resident Daily Status Assessment until COVID-19 or respiratory swabs were negative.

i) Two residents resided in the same room. One resident was noted to have acute

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health symptoms and tested positive for an infectious pathogen. Prior to receiving the test results, the two residents were not placed on Droplet and Contact precautions. During a period of time, required assessments were not completed for either resident.

ii) Two different residents resided in the same room. One resident was noted to have acute health symptoms and tested positive for an infectious pathogen. Prior to receiving the test results, the other resident was not placed on Droplet and Contact Precautions.

Staff members did not wear appropriate PPE while providing direct care for a resident where it was required. Additionally, the privacy curtain was not pulled to separate the two residents.

The home's IPAC Lead/ADOC said when a resident was suspected for COVID-19, Droplet and Contact Precautions were to be implemented immediately. Staff were directed to wear N95 respirator, eye protection, gown and gloves when providing direct resident care and the privacy curtain should be pulled to separate the two residents. Additionally, Resident Daily Assessment should be completed twice daily for the symptomatic residents and Daily Active Screening assessment should be completed minimum daily for the asymptomatic roommate.

A Peel Public Health Nurse said that when a resident had signs and symptoms consistent with COVID-19, the symptomatic resident should be considered suspected for COVID-19 until their PCR test results were known, and the resident and their roommate should be placed immediately on Droplet and Contact precautions.

Sources: residents' clinical records, Minister's Directive, COVID-19 Response

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Measures for Long-Term Care Homes, effective (August 30, 2022), COVID-19 Guidance Document for Long-Term Care Homes (LTCHs) in Ontario, (September 7, 2023) , The COVID-19 Guidance Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units (June 26, 2023), the home's policy Novel Coronavirus – COVID-19 Prevention & Management (November 2023), and interviews with staff
[758]

**WRITTEN NOTIFICATION: Infection prevention and control
program**

NC #002 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 the Standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

Rationale and Summary

A. The IPAC Standard for Long-Term Care Homes (LTCHs), revised in September 2023, section 9.1 indicates the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Routine Practices should include proper use of Personal Protective Equipment (PPE), including appropriate selection, and application. Additional Practices should include at minimum point-of-care signage indicating that enhanced IPAC control measures were in place and additional PPE requirements including appropriate selection,

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application, removal and disposal.

a) During the inspection, it was observed a staff member did not wear gloves while cleaning high touch areas and changing soiled mop heads after mopping the floor in residents' rooms.

Environmental Services Director said staff should have worn gloves to prevent potential exposure to bodily fluids from the contaminated areas.

b) Certain residents had PPE doffing signage on the wall at the entrance of their room, which directed staff to remove gloves, remove gown, remove eye protection and remove mask.

i) During the inspection, a staff member was observed not changing their mask and eye protection after being less than two meters away from a resident when they were cleaning the resident's mouth after their meal.

Another staff member did not change or sanitize their eye protection after being less than two meters away from a different resident, after assisting the resident with their meal in the room.

Additionally, there was no PPE doffing signage posted on residents' rooms that required it.

ii) Public Health Ontario (PHO) Contact Precautions signage was posted at the entrance of a resident's room, but no PPE doffing signage was posted. During the inspection, after cleaning the resident's room, a staff member removed their gown with their soiled gloves, then proceeded to remove their gloves.

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The IPAC Lead/ADOC said staff should change mask and change or disinfect eye protection after being in contact with residents on droplet and contact precautions and PPE doffing signage should be posted at the point of care when Additional Precautions were in place. They also said the sequence of PPE removal was to remove first gloves, before removing the remaining PPE.

iii) A resident had Droplet precaution signage posted on the wall by the entrance, but did not have a signage for Additional Precautions.

The IPAC Lead/ADOC said Droplet and Contact Precautions signage should have been posted by the resident's room as the resident required it.

B. The IPAC Standard for Long-Term Care Homes (LTCHs), revised in September 2023, section 6.1 indicates the licensee shall make PPE available and accessible to staff and residents, including having a PPE supply in place and ensuring adequate access to PPE for Routine Practices and Additional Precautions.

Certain residents were on isolation precautions. The signage directed staff and visitors to wear a mask and eye protection when within two meters of the residents and to wear a gown and gloves when providing direct resident care.

During the inspection, there was no eye protection available at the point of care in the PPE bin outside of these residents' room. A staff member acknowledged this and said they were not able to change their eye protection after being in close contact with a resident in isolation precautions.

The home's IPAC Lead/ADOC said all required PPE, including masks, eye protection, gown and gloves should be available by the entrance of the room when droplet and contact precautions were in place.

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When staff were not following the appropriate practices related to Routine and Additional Precautions, there was a risk for spreading harmful microorganisms throughout the home.

Sources: observations of signage for Additional Precautions, PPE availability at the Point of Care, PPE use with Routine and Additional Precautions, PHO Droplet and Contact Signage, Region of Peel Droplet signage, PPE doffing signage, residents' clinical records, IPAC Standard (September 2023), and interviews with staff [758]

WRITTEN NOTIFICATION: Reports re critical incidents

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 115 (3) 2. ii.

Reports re critical incidents

s. 115 (3) The licensee shall ensure that the Director is informed of the following incidents in the home no later than one business day after the occurrence of the incident, followed by the report required under subsection (5):

2. An environmental hazard that affects the provision of care or the safety, security or well-being of one or more residents for a period greater than six hours, including,
 - ii. a breakdown of major equipment or a system in the home,

The licensee has failed to ensure that the Director was informed no later than one business day about a breakdown of the third floor resident-staff communication and response system.

Rationale and Summary

The third floor resident-staff communication and response system had a breakdown

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on December 21, 2023, where it became non-functional.

The Director did not receive a Critical Incident (CI) report until January 2, 2024. The Director of Care (DOC) stated that the breakdown should have been reported when the breakdown occurred.

Sources: Interviews with DOC; CI Report; Maintenance Log

[000684]