

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Dec 16, 2021	2021_927957_0007	014038-21	Critical Incident System

Licensee/Titulaire de permis

Knollcrest Lodge
50 William Street Unknown ON N0K 1M0

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

Knollcrest Lodge
50 William Street Milverton ON N0K 1M0

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

CATHERINE OCHNIK (704957)

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): December 6, 7 and 8, 2021.

The following intakes were completed in this Critical Incident Inspection:

Critical Incident Log# 014038-21/ CI 2996-000006-21 related to falls prevention.

An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.

Inspector Sherri Cook (#633) was present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator/Chief Executive Officer (CEO), Director of Care (DOC), Registered Nurses (RNs), a Registered Practical Nurse (RPN), Personal Support Workers (PSWs), a Health Care Aide, a Housekeeping staff member and residents.

During the course of the inspection the inspectors toured the home and observed IPAC practices in place and the care being provided to residents; reviewed clinical records and plans of care for identified residents; and reviewed relevant home policies and procedures.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

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

1 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program related to staff and resident hand

hygiene and personal protective equipment (PPE).

A.) On December 6, 7 and 8, 2021, multiple staff members were observed entering and exiting resident rooms without performing hand hygiene. In an interview, a staff member acknowledged that they did not perform hand hygiene when entering and exiting resident rooms on December 6, 2021.

On December 7, 2021, a staff member was observed exiting a residents room, then entering the soiled utility room, and then re-entering the resident's room without changing their gloves or performing hand hygiene. The Knollcrest Lodge policy titled, "Hand Hygiene", outlined the four moments of hand hygiene and specified that hand hygiene should be performed before initial patient/patient environment contact and after patient/patient environment contact.

The DOC confirmed that the home's expectation for hand hygiene when staff enter or exit a resident's room was that they should be observing the four moments of hand hygiene.

B.) On December 6, 2021, a registered staff member was observed administering medication to residents after touching the computer without performing hand hygiene. On December 8, 2021, another registered staff member was observed administering medication to residents without performing hand hygiene on two separate occasions.

The Knollcrest Lodge policy titled, "Hand Hygiene" effective October 2020, indicated that hand hygiene was required before pouring medication and before aseptic procedures.

C.) On December 7, 2021, signage for contact precautions for a specified health condition was observed outside of a resident's room. The same day, three staff members, including a Registered Nurse (RN), were observed entering the resident's room to assist with care, without donning appropriate PPE. In an interview, the RN confirmed that they did not don and doff with full PPE prior to entering the resident's room to assist with care.

On December 8, 2021, a staff member was observed entering the resident's room with signage for contact precautions, wiping down furniture and then exiting the room without changing their gloves. Clinical record review showed that the resident had a specific health condition, and that staff were to use PPE for all direct resident care as per policy.

The Knollcrest Lodge policy titled, “Isolation of the “Positive” Resident” effective 2013, indicated that staff were to wear a clean gown when providing all personal care for a resident in a room with contact precautions.

The DOC verified that staff providing care for residents with contact precautions for a specified condition, should have donned appropriate PPE as per the contact precautions signage.

D.) On December 6, 2021, staff members were observed assisting residents to the dining room and did not assist residents with hand hygiene prior to meal service.

On December 8, 2021, staff members were observed assisting residents to and from the dining room and did not assist residents with hand hygiene prior to or post meal service. In an interview, a staff member confirmed that staff did not offer to perform hand hygiene for residents prior to or after meal service on December 8, 2021.

The DOC indicated that it is the home’s expectation for hand hygiene to be offered to residents before and after meals.

Staff did not comply with the home’s hand hygiene and PPE policies, which resulted in residents being put at risk for infection.

Sources: Resident clinical record and contact precautions signage, the home's policies titled, “Hand Hygiene” and “Isolation of the “Positive” Resident”, observations of IPAC practices and interviews with PSWs, an RN, an RPN, the DOC and other staff. [s. 229. (4)]

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 ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program related to staff and resident hand hygiene and personal protective equipment (PPE), to be implemented voluntarily.

Issued on this 20th day of December, 2021

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

Original report signed by the inspector.