

**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**Central West Service Area Office  
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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>
Nov 19, 2021	2021_921769_0003	006769-21, 008561- 21, 009969-21	Critical Incident System

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**Licensee/Titulaire de permis**Steeves & Rozema Enterprises Limited  
265 North Front Street Suite 200 Sarnia ON N7T 7X1**Long-Term Care Home/Foyer de soins de longue durée**Lanark Heights Long Term Care Centre  
46 Lanark Crescent Kitchener ON N2N 2Z8**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

BRITTANY NIELSEN (705769), SHERRI COOK (633)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 4-5, 8-9, 12, 2021.**

**The following intakes were completed in this Critical Incident System (CIS) inspection:**

**Log #'s 006769-21, 008561-21, 009969-21 related to falls prevention.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), Assistant Managers of Resident Care (AMRC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and a Housekeeper.**

**The inspector(s) observed residents and their home areas, staff Infection Prevention and Control (IPAC) practices, reviewed relevant clinical records, home policies and procedures and the corresponding critical incident (CI) reports.**

**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. (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 the home's IPAC program included a hand-hygiene program for residents in accordance with evidence-based practices.

As per Public Health Ontario (PHO), Just Clean Your Hands Long-Term Care Home (JCYH – LTCH) Implementation Guide, staff are to assist residents to perform hand hygiene before and after meals and snacks. The home's IPAC policies did not include hand hygiene procedures for residents in relation to meals and snacks.

During the course of the inspection, the following was observed:

Multiple residents were provided a morning and afternoon snack and were not encouraged, reminded or assisted to perform hand hygiene by staff either before or after their snack on five resident units or after their lunch meal on one resident unit.

By not incorporating hand hygiene best practices for residents into the home's IPAC program and failing to assist residents with hand hygiene before and after meals and snacks, staff and residents were at minimal risk for infection transmission.

Sources: observations of lunch meals and snacks, the home's Routine Practices policy and Hand Hygiene policy, JCYH-LTC Implementation Guide, interviews with staff. [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 there is in place a hand hygiene program in accordance with evidence-based practices, to be implemented voluntarily.***

**Issued on this 19th day of November, 2021**

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

**Original report signed by the inspector.**