

Original Public Report

Report Issue Date	May 16, 2022		
Inspection Number	2022_1050_0001		
Inspection Type	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Rykka Care Centres LP		
Long-Term Care Home and City	Cooksville Care Centre, Mississauga		
Lead Inspector	Romela Villaspir (653)	Inspector Digital Signature	

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 28-29, May 3-6, 9, 2022.

The following intake(s) were inspected:
Log #015623-21 and Log #008587-22 were related to injury of unknown cause.
Log #016110-21 and Log #004260-22 were related to falls prevention and management.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services

INSPECTION RESULTS

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC#001 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 that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

Rationale and Summary

According to the IPAC Standard for Long-Term Care Homes (LTCHs) dated April 2022, section 10.4 (h), the licensee shall ensure that the hand hygiene program also 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.

A review of the home's "Hand Hygiene and Gloves Use" policy indicated that residents will be encouraged to perform hand hygiene, and staff will provide assistance with hand hygiene for the residents who are not able to do so. Resident hand hygiene will be performed at a minimum, before and after eating and/ or drinking.

During a meal service observation by Inspector #653, multiple residents in one home area were not encouraged nor provided assistance with performing hand hygiene before receiving their meal trays.

Two residents indicated to the inspector that they were not encouraged nor provided assistance with performing hand hygiene before their meal trays were served.

By not encouraging and assisting residents with performing hand hygiene before the meal service, there was potential for the spread of infectious microorganisms.

Sources: Inspector #653's observations of a meal service in one home area; The home's Hand Hygiene and Gloves Use policy #IFC H-15, revised on April 26, 2021; Interviews with the residents, the IPAC Lead, and other staff. [653]

WRITTEN NOTIFICATION: CMOH AND MOH

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1

Non-compliance with: O. Reg. 246/22 s. 272

The licensee has failed to ensure that Directive #3 was followed in the home.

Rationale and Summary

Directive #3 required LTCHs to conduct regular IPAC self-audits every two weeks when the home is not in an outbreak and every week during an outbreak. At minimum, the home's self audit must include Public Health Ontario (PHO)'s COVID-19: Self-Assessment Audit Tool for LTCHs and Retirement Homes (RHs).

During the inspection, the home was not in an outbreak.

The IPAC Lead provided Inspector #653 with the home's completed Surge IPAC Checklist Quality Management Audit Reports for April 2022. The IPAC Lead and the inspector reviewed the questions on the audit tool and compared them to PHO's self-audit tool. The IPAC Lead acknowledged that the home's surge IPAC checklist did not include some of the questions from PHO's self-audit tool.

There was low risk from not completing the required PHO Self-Assessment Audit Tool as per Directive #3 because the home still conducted regular IPAC self-audits using their own tool, at the minimum frequency required.

Sources: COVID-19 Directive #3 for LTCHs under the Fixing Long-Term Care Act, 2021, issued May 3, 2022, COVID-19 Guidance: LTCHs and RHs for Public Health Units Version 5 – April 13, 2022, PHO's COVID-19: Self-Assessment Audit Tool for LTCHs and RHs published December 23, 2021, the home's IPAC self-audit records; Interviews with the IPAC Lead and the Director of Care (DOC). [653]