

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
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Original Public Report	
Report Issue Date: November 30, 2022	
Inspection Number: 2022-1130-0001	
Inspection Type: Critical Incident System	
Licensee: The Norfolk Hospital Nursing Home	
Long Term Care Home and City: The Norfolk Hospital Nursing Home, Simcoe	
Lead Inspector Carla Meyer (740860)	Inspector Digital Signature
Additional Inspector(s) Daria Trzos (561)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s): November 14-16th, 18th, and 21st, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> Intake: #00005889 - Fall Prevention

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

- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 268 (4) 3.

The licensee failed to ensure that bottles of sanitizers available throughout the home was not expired.

Rationale and Summary

On November 15th and 16th, multiple bottles of hand sanitizers available throughout the home were noted to be expired, including sanitizers available on resident's dining tables and at the nurses' stations. ADOC informed inspector that the bottles may have been refilled and acknowledged that this should not be done.

By not ensuring the available sanitizers were not expired, the risk for spread of infection is increased.

On November 18th, 2022, all expired bottles of sanitizers were observed to be removed from both main and upper levels of the home, including the dining room and nurses' stations.

Sources: Observations and interview with the ADOC.

[740860]

Date Remedy Implemented: November 18, 2022

WRITTEN NOTIFICATION: Binding on licensees

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021 s. 184 (3)

The licensee failed to ensure that the long-term care home carried out every operational or policy

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directive that applied to the long-term care home.

In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes, the Licensee was required to ensure that an Infection Prevention and Control (IPAC) audit using the COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home, was completed every two weeks when the home is not in outbreak.

Rationale and Summary

Per section 1.1 of the Minister's Directive, licensees shall ensure that measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of COVID-19 Outbreak Preparedness Plan. This plan must include at a minimum, conducting regular IPAC audits, including the COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home.

On November 28, 2022, the Director of Care (DOC) provided original copies of the home's completed COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home. These audits were completed on January 17th, and January 31st, 2022. The DOC confirmed that these audits were the most recent audits completed using this tool, and that they were not aware that the COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home was supposed to be completed once every two weeks when the home is not in outbreak.

By not completing the COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home at a minimum, the home may not be able to identify whether the home was meeting IPAC requirements.

Sources: Interview with DOC; and review of the home's completed COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Home at a minimum.

[740860]

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O. Reg. 79/10, s. 229 (2) (d)

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The licensee failed to ensure that their Infection Prevention and Control (IPAC) Program was evaluated annually.

Rationale and Summary

The licensee is required to evaluate and update their IPAC Program at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. The home did not complete a program evaluation for their IPAC Program for the year of 2020.

The home provided record of their last Infection Control Program evaluation, dated December 18, 2019, and the DOC confirmed that the program was last evaluated in 2019.

Sources: Interview with DOC; and review of the home's last completed program evaluation for their IPAC program.

[740860]

WRITTEN NOTIFICATION: Infection Prevention and Control

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

Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

A.) The licensee failed to ensure that Routine Practices and Additional Precautions were followed in accordance with the "Infection Prevention and Control Standard for Long-Term Care Homes April 2022" (IPAC Standard).

Specifically, two Personal Support Workers (PSW) and a PSW student did not properly dispose of their Personal Protective Equipment (PPE) as required by Additional Requirement 9.1 (d) under the IPAC Standard.

Rationale and Summary

On November 18, 2022, two PSWs and a PSW student entered a resident room to provide care to a resident. This resident's plan of care indicated that they required additional contact precautions. During the observation, the PSW student exited the room wearing full PPE, crossed the hall and opened the soiled utility room door with gloved hands. The PSW student then exited the soiled utility room without

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gown and gloves. They then entered the clean utility room to retrieve clean linen and other items, then donned on a new gown and gloves prior to re-entering the resident room. Shortly after, all three PSW then exited the room and entered the soiled utility room with full PPE on, including gloves. All three then exited without gowns and gloves on.

One of the PSW identified that after providing care to the resident, that the used PPE was disposed of in the hampers found in the soiled utility room.

ADOC confirmed that staff should not have crossed the hall and disposed their PPE in the soiled utility room. Rather, the soiled linen hamper should have been placed adjacent to the room for staff to remove their PPE prior to exiting the resident room. They also confirmed that gloved hands should not have been used to open the soiled utility door.

By not disposing of PPE properly, there is an increased risk for spread of infection.

Sources: Donning and doffing observations; resident's plan of care; and interviews with a PSW and ADOC.

[740860]

B.) The licensee failed to ensure that there is in place a hand hygiene program in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022" (IPAC Standard).

Specifically, the licensee did not complete hand hygiene audits as required by Additional Requirement 10.2 under the IPAC Standard.

Rationale and Summary

On November 18th, 2022, the Infection Prevention and Control (IPAC) Lead indicated that they have not completed any hand hygiene audits. The DOC and ADOC informed the inspector that the hand hygiene audits were currently being completed by the Nurse Manager. The Nurse Manager was not available to confirm this and the ADOC was only able to produce one copy of their completed hand hygiene audit, dated February 12, 2021, which showed one health care provider observation for only one moment of hand hygiene. The DOC confirmed that they were not able to locate any other completed hand hygiene audits.



**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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By not completing regular hand hygiene audits, the home may not be able to identify and address any concerns related to their Hand Hygiene program.

Sources: Interviews with the IPAC Lead, DOC, and ADOC; and review of the home's hand hygiene audit.

[740860]