

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

## Original Public Report

<b>Report Issue Date:</b> September 6, 2024
<b>Inspection Number:</b> 2024-1099-0002
<b>Inspection Type:</b> District Initiated
<b>Licensee:</b> 675412 Ontario Inc.
<b>Long Term Care Home and City:</b> Northview Nursing Home, Englehart

## INSPECTION SUMMARY

The inspection occurred onsite on the following dates: September 4-5, 2024

The following intake was inspected:

- One intake related to Infection Prevention and Control.

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

Infection Prevention and Control

## 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)**

Infection prevention and control program

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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 any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented.

1) Specifically related to hand hygiene audits.

According to Additional Requirement 10.4 (d) of the IPAC standard for Long-Term Care Homes (LTCHs), revised September 2023, the licensee was to ensure that monthly audits of adherence to the four moments of hand hygiene by staff were completed. Additionally, in accordance with O. Reg 246/22, s. 11 (1) (b), the licensee was required to ensure that the home's written policy for hand hygiene was complied with. Specifically, staff did not comply with the required frequency of hand hygiene audits.

**Rationale and Summary**

The licensee's "Hand Hygiene" policy required the home to conduct a specific number of hand hygiene observations per day, rotated across shifts.

The monthly hand hygiene audit summaries for audits performed during a specific time period revealed that the number of audits performed did not meet the daily requirements specified in the home's policy.

The Assistant Director of Care (ADOC) acknowledged that hand hygiene audits were not being completed in the home as required; that the home expected the audits to be completed in accordance with the home's hand hygiene policy.

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There was low risk to residents when the licensee failed to ensure that the required number of hand hygiene audits were completed.

**Sources:** Hand hygiene audits provided by the home, licensee's policy titled, "Hand Hygiene", and the IPAC standard for LTCHs, revised September 2023; and an interview with the ADOC.

2) Specifically related to auditing staff use of personal protective equipment (PPE).

According to Additional Requirement 2.1 of the IPAC standard for LTCHs, the licensee was to ensure that quarterly real-time audits of the selection, and donning and doffing of PPE were completed.

**Rationale and Summary**

The home was requested to provide copies of all PPE audits completed in the previous quarter and within the last 30 days. According to the PPE audits provided, only three donning/doffing audits were completed during new employee onboarding.

The ADOC acknowledged that quarterly PPE audits were not completed as required.

There was low risk to residents when the licensee failed to ensure that PPE audits were completed by the home as required.

**Sources:** Home's IPAC-PPE Audit Binder, licensee's policy titled, "Personal Protective Equipment", and the IPAC Standard for LTCHs, revised September 2023; and an interview with the ADOC.

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## **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 (7) 7.**

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

7. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.

The licensee has failed to ensure that the IPAC Lead designated under subsection (5), convened an interdisciplinary IPAC team, at least quarterly, in the home.

### **Rationale and Summary**

The home was asked to provide minutes from the most recent quarterly IPAC committee meetings. The home was unable to provide documentation indicating that IPAC team meetings had taken place.

The Administrator/Director of Care (DOC) acknowledged that the IPAC committee team meetings did not take place quarterly.

There was low risk to residents when the home failed to ensure that the IPAC Lead held an interdisciplinary IPAC committee meeting, at least quarterly, in the home.

**Sources:** The home's IPAC Committee Terms of Reference, and the licensee's policy titled, "Infection Prevention and Control Committee"; and interviews with the ADOC and Administrator/DOC.