

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Public Report

Report Issue Date: December 24, 2024

Inspection Number: 2024-1577-0005

Inspection Type:
Critical Incident

Licensee: United Counties of Prescott and Russell

Long Term Care Home and City: Residence Prescott et Russell, Hawkesbury

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 17, 18, 19, 2024.

The following intake(s) were inspected:

- Intake: #00130296 - Critical Incident (CI) #M567-000010-24- Fall of a resident with injury.

The following Inspection Protocols were used during this inspection:

Infection Prevention and Control
Falls Prevention and Management

INSPECTION RESULTS

COMPLIANCE ORDER CO #001 Infection Prevention and Control Program

NC #001 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Infection prevention and control program

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The license shall:

A) Provide training to all staff on proper masking practices. Training should include transmission of microorganisms such as airborne, droplet and contact transmission as well as the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes April 2022 Revised September 2023 specifically standard 6.7.

B) Maintain a documented record that includes the content of the training provided, the date of the training, name and designation of staff who received the training and who provided the training.

C) Develop and implement weekly audits on all three shifts including weekends to ensure mask adherence and proper hand hygiene practices as per licensee policies and procedures until order is complied with.

D) Maintain a written record of all audits and corrective actions taken including the date, time, name and signature of the staff member conducting the audits.

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Grounds

A) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was complied with specifically standard 6.7 of the IPAC Standard which states the following: the Licensee shall ensure that all staff, students, volunteers and support workers comply with applicable masking requirements at all times. For staff, students, volunteers, and support workers: masks are required based on a point-of-care risk assessment (PCRA) and/or based on other relevant guidance in place at any time.

The home is on a covid -19 outbreak. Multiple staff were observed throughout the home with improper mask wearing. Staff were observed throughout the home with their noses exposed, no mask on and or their mask below their chin. A staff member confirmed that education and multiple reminders have been provided to the staff members.

Source: Inspector observations, interview with staff member, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022 revised September 2023.

B) The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standard 9.1 (b) issued by the Director defined as: 9.1 the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact; was followed by a staff member.

A Personal Support Workers was observed to not perform hand hygiene during the snack service and did not support the residents to perform hand hygiene prior to

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receiving their snacks. A staff member confirmed that hand hygiene is a mandatory task and part of the homes IPAC practices.

Source: Inspectors observations, interview with staff members, Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022 revised September 2023.

This order must be complied with by February 14, 2025.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor



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

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.