

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

Central East Service Area Office
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
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Original Public Report

Report Issue Date: October 24, 2022	
Inspection Number: 2022-1080-0001	
Inspection Type: Critical Incident System	
Licensee: CVH (No. 6) LP by its general partners, Southbridge Health Care GP Inc. and Sout	
Long Term Care Home and City: Regency Long Term Care Home, Port Hope	
Lead Inspector Britney Bartley (732787)	Inspector Digital Signature
Additional Inspector(s) Lynda Brown (111)	

INSPECTION SUMMARY

<p>The Inspection occurred on the following date(s): October 3, 4, 5, 6, 11, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00001974- Fall of a resident that resulted in significant change in health status. • Intake: #00008021- Relating to COVID-19 outbreak.

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

- Falls Prevention and Management
- Infection Prevention and Control

INSPECTION RESULTS

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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) IPAC Standards 9.1 (f)

The licensee has failed to ensure to implement any standard or protocol issued by the Director with respect to infection prevention and control.

Rationale and Summary

The licensee has failed to ensure that Additional Precautions were followed in the Infection Prevention and Control (IPAC) program in accordance with the Standard for Long-Term Care Homes issued by the Director, dated April 2022.

Specifically, the licensee did not ensure that additional personal protective equipment (PPE) requirements including appropriate selection, application, removal, and routine hand hygiene were followed as required by Additional Requirement 9.1 Additional Precautions (f) under the IPAC standard.

Haliburton, Kawartha, Pine Ridge District Health Unit declared an COVID-19 outbreak on the second floor, 2 Staffs and 14 residents tested positive for COVID-19.

The following were observed relating to PPE selection, application, and removal:

- PSW#103 was exiting a resident's room who was on enhanced precaution, they did not remove their N95 face mask and continued to wear the same mask to enter other residents' rooms.
- RPN #104 was exiting a resident's room who was on enhanced precaution, they removed their gown and gloves at the same time. They also did not remove their N95 face mask and face shield. The RPN entered other residents' rooms with the same N95 face mask and face shield.
- On the outbreak floor the Inspector was interviewing a staff, another staff quickly walked by and entered a resident room who was not on enhanced precaution and provided them with a cup. Hand hygiene was not performed on entering and exiting the room. The staff wore a N95 face mask and no face shield.

As a result of the home being in an outbreak the IPAC lead indicated staff are to wear N95 face mask and face shield on the second floor. In addition, upon entering a room on additional precautions, staff were required to apply the required PPE such gloves and gown. The IPAC lead confirmed staff are to remove all PPE after exiting a resident room on enhanced precaution, hand hygiene should be performed in between doffing PPE and at entry and exit of a resident room.

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By the home failing to ensure staff are donning and doffing PPE correctly and performing hand hygiene on entry and exit of a resident room puts the residents at risk for infection.

Sources: Observations and interviews with PSW #103, RPN #104 and the IPAC lead.

(732787)

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

Non-compliance with: O. Reg. 246/22, s 102 (2) (b) IPAC Standards 10.1

The licensee has failed to ensure that their hand hygiene program included access to hand hygiene with 70-90% Alcohol content.

Rational and Summary

The IPAC Standard for Long-Term Care Homes, s. 10.1 states that the licensee shall ensure that the hand hygiene program includes access to 70-90% Alcohol-Based Hand Rub (ABHR).

The following were observed:

- On the outbreak floor, a bottled hand sanitizer was found on a PPE bin, expiry date read September 2021.
- On the non-outbreak floor, a bottle of hand sanitizer found at the entrance of the dining room the ingredients read 62% alcohol. Staff were observed using this hand sanitizer to perform hand hygiene on residents after their meals. Staff also used the same hand sanitizer to perform their own hand hygiene.

The IPAC lead confirmed hand sanitizers in the home should be 70%-90% ABHR and not expired.

By the home not ensuring the ABHR are above 70% and not expired, there was risk of ineffective hand hygiene and potential risk for spreading infection.

Sources: Observations and interviews with the IPAC lead.

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