

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Original Public Report

Report Issue Date: November 13, 2024

Inspection Number: 2024-1399-0005

Inspection Type:

Critical Incident
Follow up

Licensee: Schlegel Villages Inc.

Long Term Care Home and City: The Village of Riverside Glen, Guelph

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 22-25, 28-31, 2024 and November 1, 2024

The following intake(s) were inspected:

- Intake: #00120534 - Follow-up #: 1 - FLTCA, 2021 - s. 24 (1)
- Intake: #00125770 - Related to an Outbreak
- Intake: #00126369 - Related to improper care of a resident

The following intake was bundled in this inspection:

- Intake: #00124812 - Related to an Outbreak

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1399-0003 related to FLTCA, 2021, s. 24 (1)

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

Resident Care and Support Services
Infection Prevention and Control
Prevention of Abuse and Neglect
Reporting and Complaints

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. 109 (2)

Additional requirements, s. 26 of the Act

s. 109 (2) For the purposes of subsection 26 (2) of the Act, the licensee shall also ensure that it provides to the Director, in a manner acceptable to the Director, a copy of the part of the documented record the licensee is required to keep under subsection 108 (2) that is related to the complaint.

A manager reviewed legislation and immediately provided the final resolution to a complaint.

Date Remedy Implemented: November 1, 2024

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WRITTEN NOTIFICATION: Continence care and bowel management

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

Non-compliance with: O. Reg. 246/22, s. 56 (2) (c)

Continence care and bowel management

s. 56 (2) Every licensee of a long-term care home shall ensure that,

(c) each resident who is unable to toilet independently some or all of the time receives assistance from staff to manage and maintain continence;

The Licensee failed to ensure that a resident received assistance from staff to manage and maintain continence.

Rationale and Summary:

A resident's plan of care directed staff to provide continence care for the resident every three hours starting at 1800h with the assistance of one-two team members.

The resident's Substitute Decision Maker submitted a complaint that the resident had not been assisted with continence care.

A manager stated they investigated the complaint and the outcome was that the resident had not received continence care as documented.

Sources: Home's investigation notes and interview with a manager.

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WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee failed to ensure that the Director was immediately informed of a facility wide outbreak declared August 31, 2024.

Rationale and Summary:

Public Health declared a facility wide outbreak August 31, 2024, and the Director was not notified until September 3, 2024.

When an outbreak of a disease of public health significance or communicable disease is not reported immediately it could delay the Director's ability to respond in a timely manner.

Sources: Critical incident, Interviews with staff members.

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COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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)]:

1. Provide re-education related to enhanced IPAC control measures to a staff member, specific to the use of PPE when providing care to residents who are suspected and/or confirmed of being COVID-19 positive.
2. Provide re-education related to the four moments of Hand Hygiene to a staff member, specific to meal service, moving from dirty to clean contact, and providing food from communal packaging to residents.
3. Keep a documented record of the education provided, date of when the education was completed, the contents of the education and training materials, and by whom the training was provided.
4. Complete staff hand hygiene audits for one meal service and one snack service two times per week on Mapleton and Eramosa Neighbourhoods.. Audits are to be completed on separate days, alternating between different meals and snack times for four weeks.

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5. Complete enhanced IPAC Personal Protective Equipment audits on Mapleton Neighbourhood specific to the use of PPE when providing care, snacks and meals to residents who are isolating with Droplet Contact precautions.

6. The audits must include the name of staff being audited, the date and time, indicate any deficiencies, document any follow up actions completed and, the name and designation of the person conducting the audit. The audit will be completed for a four week period or until there are no deficiencies identified.

Grounds

The licensee failed to implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023.

A. Staff did not wear gloves while feeding a resident in contact droplet precautions.

In accordance with Routine Practices and Additional Precautions Requirements in the IPAC Standard section 9.1 (f) At minimum Routine Practices shall include: At minimum, Additional Precautions shall include: f) Additional PPE requirements including appropriate selection application, removal and disposal.

Rationale and Summary:

A resident was isolating in their room with additional contact and droplet precautions.

A staff member was observed to remove their gloves and feed a snack to a resident with their hands.

A staff member stated they should have worn gloves to feed the resident but did not.

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When staff failed to wear PPE as directed by additional precautions sign and the resident's plan of care there was a risk of transmission of infectious agents.

B. Staff did not complete hand hygiene prior to and during meal service.

In accordance with Routine Practices and Additional Precautions Requirements in the IPAC Standard section 9.1 (b) At minimum Routine Practices shall include: Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact when staff did not complete hand hygiene prior to and during meal service.

Rationale and Summary:

The home's Hand Hygiene policy documented: "It is the policy of the Schlegel Villages to minimize the spread of infection by following best practices in hand hygiene:

Before you have contact with the resident or their environment: when you enter a resident's room you need to take the time to perform hand hygiene. This will help prevent the spread of infection from an outside source to the resident; and after resident or environmental contact: when you leave a resident's environment, wash your hands again. This will ensure that you do not take unwanted infections elsewhere."

A staff member was observed to not perform hand hygiene after removing dirty dishes from residents' tables and moving to serving clean dishes to residents' tables.

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A staff member was observed to allow residents to retrieve crackers with their hands from a sleeve of crackers, then the staff member used their own hands to give residents crackers.

A manager said staff are to perform hand hygiene; they would expect staff to perform hand hygiene after touching dirty dishes and before touching clean items.

When staff did not complete hand hygiene there was a risk of transmission of infectious agents.

C. The Licensee did not track the completion of all audits to ensure that all staff performed the IPAC skills required of their role.

Rationale and Summary:

A staff member did not wear gloves while feeding snack to resident.

A staff member did not complete hand hygiene when moving from a clean environment to a dirty environment and back to a clean environment during meal service, and allowed residents to pick crackers from the package using their hands.

A staff member used their hands to provide crackers to a resident.

The Licensee was unable to identify which team members had been audited for hand hygiene and personal protective equipment as the name of staff audited was not included in the audits.

Failing to keep track of which staff have been audited in relation to hand hygiene and/or donning and doffing PPE may lead to gaps in ensuring that all staff are following outbreak control measures.

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Sources: Resident clinical record, interview with staff, Observations, Home's Hand Hygiene Policy.

This order must be complied with by January 3, 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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

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:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

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Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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.