

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: February 21, 2025

Inspection Number: 2025-1507-0002

Inspection Type:

Proactive Compliance Inspection

Licensee: The Religious Hospitallers of St. Joseph of Cornwall, Ontario

Long Term Care Home and City: St. Joseph's Continuing Care Centre, Cornwall

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 10-14, and 18-20, 2025.

The following intake(s) were inspected:

- Intake #00138955

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Medication Management
Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement
Residents' Rights and Choices
Pain Management

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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. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:

10. The current version of the visitor policy made under section 267.

On a specific date, an Inspector observed that the visitor policy was not posted within the long-term care home. The next day, the policy was observed posted.

Sources: Observation of the visitor policy; and interview with Director, Information and Support Services #105.

Date Remedy Implemented: February 10, 2025

WRITTEN NOTIFICATION: Resident and Family/Caregiver Experience Survey

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

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Non-compliance with: FLTCA, 2021, s. 43 (5) (b)

Resident and Family/Caregiver Experience Survey

s. 43 (5) The licensee shall ensure that,

(b) the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the survey are documented and made available to the Residents' Council and the Family Council, if any;

The licensee has failed to ensure that the actions taken to improve the long-term care home, and the care, services, programs and goods based on the results of the home's Resident Satisfaction Survey were documented; and furthermore, as a result, were not made available to the Residents' Council and the Family Council.

Sources: Q2 and Q3 Resident Satisfaction Survey 24/25; interview with the Executive Director, and Director of Continuous Improvement.

WRITTEN NOTIFICATION: General requirements

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

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The licensee has failed to ensure, that upon completion of the annual pain management program evaluation, the written record that was kept included the

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date of the evaluation and the date that the changes made to the program were implemented.

Source: St. Joseph Continuing Care Center Program Evaluation, Pain Management, interview with Director of Care (DOC) #101 and Director of Continuous Improvement (DCI) #104.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 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

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 the implementation of any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the Infection Prevention and Control (IPAC) Standard: 9.1 b, the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program. At a minimum, routine practices shall include hand hygiene, including, but not limited to, the four moments of hand hygiene.

On a specific date, a housekeeper was observed to enter and exit a resident's room without performing hand hygiene prior to entering, or upon exiting the room. The unit upon which the resident resides was on respiratory outbreak and the resident was on additional precautions themselves.

Sources: Observations on a specified date; resident #014 electronic health care

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record; Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, revised September 2023; and interview with Health, Safety, and Education Coordinator #115.

COMPLIANCE ORDER CO #001 Housekeeping

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

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

The licensee shall:

A) Implement the procedure for the cleaning and disinfecting of all high-touch surfaces at least daily ("Environmental Cleaning, Policy Number: 6-M-680" reviewed January 17, 2024).

B) Provide education on the procedure developed in part (A) to all housekeeping staff, as well as any other staff who will be participating in the daily cleaning and disinfecting of high-touch surfaces. Maintain a written record of the education provided, the staff members who completed the education, the date(s) and time(s) the education occurred and the name(s) of the person(s) who provided the education.

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C) Complete daily audits to ensure the required procedure in part (A) is being implemented. Audits should be completed at a minimum on two different resident home areas each day. Complete audits for four weeks. Take immediate corrective action if deviations occur from the developed procedure as a result of the audits.

D) Maintain a written record of the date(s) and time(s) of the audits required in part (C), the name(s) of the person(s) who completed the audits, the outcome of the audits, and any corrective action that was required until this order is complied.

Grounds

The licensee has failed to ensure that as part of the organized program of housekeeping under clause 19 (1) (a) of the Act, procedures were developed and implemented for the cleaning and disinfection of high-touch surfaces, using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. Specifically, the licensee has failed to ensure that high-touch surfaces were being cleaned daily.

The Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings described that high-touch surfaces require more frequent cleaning and disinfection than minimal contact surfaces and that cleaning and disinfection should be performed at least daily. The Long-Term Care Home's (LTCH) Environmental Cleaning policy also described that high-touch surfaces need more frequent cleaning and disinfection; at least daily. The policy was based on the PIDAC Best Practices document.

A housekeeper stated that they clean the high-touch surfaces in the common areas and hallways of their unit twice a week. The Supervisor of Environmental Services confirmed that high-touch surfaces in common areas and hallways should be

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cleaned daily by the housekeepers.

Furthermore, the Manager of Environmental Services explained that there are only two janitors who work each day on the weekends, and the Director, Information and Support Services stated that the janitors would not have cleaned all high-touch surfaces in the home on the weekends. Two janitors who work weekend shifts confirmed that they do not clean all high-touch surfaces in resident rooms and common areas on their shifts.

Sources: PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, April 2018; Environmental Cleaning, Policy Number: 6-M-680, reviewed January 17, 2024; and interviews with Housekeeper #112, Janitor #118, Janitor #119, Manager of Environmental Services #116, Supervisor of Environmental Services #117, Director, Information and Support Services #105, and other staff.

This order must be complied with by April 7, 2025

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REVIEW/APEAL 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
Toronto, ON, M5S 1S4

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Director

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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.