

**Inspection Report under
the Long-Term Care
Homes Act, 2007****Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée****Long-Term Care Operations Division
Long-Term Care Inspections Branch****Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
Facsimile: (519) 885-2015Bureau régional de services de Centre
Ouest
1e étage, 609 rue Kumpf
WATERLOO ON N2V 1K8
Téléphone: (888) 432-7901
Télécopieur: (519) 885-2015**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 11, 2021	2021_796754_0006	023423-20, 023548- 20, 001368-21, 001950-21	Critical Incident System

Licensee/Titulaire de permisRegional Municipality of Waterloo
150 Frederick Street Kitchener ON N2G 4J3**Long-Term Care Home/Foyer de soins de longue durée**Sunnyside Home
247 Franklin Street North Kitchener ON N2A 1Y5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TAWNIE URBANSKI (754)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): February 18, 19, 22, 23, 24, 25, 2021.

**The following intakes were completed during this critical incident inspection:
Log #023548-20, related to outbreak management,
Log #023423-20, related to an improper transfer resulting in a resident injury,
Log #001368-21, related to resident to resident responsive behaviours, and
Log #001950-21, related to resident to resident responsive behaviours.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Coordinator of Infection Control, Assistant Manager of Care (AMOC), Registered Nurses (RNs), a Registered Practical Nurse (RPN), and Personal Support Workers (PSWs).

The inspector also toured the home, observed resident and staff interactions, reviewed relevant clinical records, the home's related policies and documentation and completed staff and resident interviews.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

**3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that a safe and secure environment was provided for its residents by not actively screening individuals for COVID-19 symptoms prior to leaving the home at the end of their day or shift.

On March 17, 2020, the Premier of Ontario Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, and 30, 2020, Directive #3 was issued and revised on December 7, 2020, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7. by the Chief Medical Officer of Health (CMOH) of Ontario. The CMOH advised that residents of LTC Homes were at immediate and increased risk of COVID-19 and an urgent requirement was made for all LTC Homes to implement measures to protect all residents and staff.

The CMOH stated that LTC Homes must immediately implement active screening of all staff, visitors and anyone else entering the LTC Home for COVID-19 with the exception of first responders. Active screening must include twice daily (at the beginning and end of the day or shift) symptom screening and temperature checks.

A Critical Incident System (CIS) report was submitted to the Ministry of Long-Term Care after Region of Waterloo Public Health declared a COVID-19 outbreak at the home on January 31, 2021.

Inspector #754 was required to self-screen for symptoms of COVID-19 prior to leaving the home on several occasions. The DOC and Coordinator of Infection Control acknowledged this was the practice for staff, visitors, and anyone else leaving the home for the day.

Failing to implement active screening of individuals leaving the home at the end of their day or shift could have increased the risk of spread of COVID-19 in the home.

Sources: Interviews with the DOC and Coordinator of Infection Control, observations of the home's screening process, Sunnyside COVID-19 Guidance Document, updated February 11, 2021, and Public Health Ontario, COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, revised December 18, 2020. [s. 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

1. The licensee failed to ensure that safe transferring techniques were used when assisting resident #001.

Resident #001 sustained an injury after PSW #107 transferred them independently.

Two staff were required to be present at all times when transferring resident #001.

Failing to ensure that two staff participated in the transfer of resident #001 resulted in actual harm to the resident.

Sources: CIS M578-000093-20, resident #001's progress notes, Post Fall Assessment, Incident Note, resident #001's plan of care, electronic medication administration record (eMAR) documentation, and interviews with PSW#103, AMOC #104, and the DOC. [s. 36.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure staff use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff fully participated in the implementation of the infection prevention and control program; specifically related to staff not using personal protective equipment (PPE) appropriately.

A) Inspector #754 observed a staff member and a resident sitting at the same table in the cafe on the main floor, less than 6 feet apart. The staff member was not wearing a mask or face shield, which they were required to do when they could not maintain six feet of distance from another person while in the cafe. The resident was also not wearing a mask.

B) The COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, Public Health Ontario, revised December 18, 2020, stated that at minimum the screener must wear a mask, eye protection, and gloves based on a personal risk assessment (PRA) if they were not behind a barrier.

Inspector #754 was screened at the front entrance of the home by a staff that was not wearing eye protection or standing behind a barrier, on several different occasions.

Failing to ensure that staff participated in the home's infection prevention and control program in relation to donning PPE as required may increase the risk of spread of COVID-19 in the home.

Sources: Observations of the home's screening process and café area, interviews with the DOC, and Coordinator of Infection Control, Sunnyside COVID-19 Guidance Document updated February 20, 2021, Instructions for Guard at Screening Desk, updated February 23, 2021, and COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, Public Health Ontario, revised December 18, 2020. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that staff fully participate in the implementation of the infection prevention and control program, to be implemented voluntarily.

Issued on this 15th day of March, 2021

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.