

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 25, 2024

Inspection Number: 2024-1585-0006

Inspection Type:

Critical Incident
Follow up

Licensee: Regional Municipality of Waterloo

Long Term Care Home and City: Sunnyside Home, Kitchener

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 28-31, 2024 and November 1-8, 2024

The following intake(s) were inspected:

- Intake: #00120434 - Follow-up #1 - CO #001, from Inspection #2024-1585-0003
- Intake: #00120435 - Follow-up #1 - CO #002, from Inspection #2024-1585-0003
- Intake: #00123512 - [IL-0129737-AH/CI-M578-000133-24] - Related to neglect of care of a resident
- Intake: #00126772 - [IL-0131183-AH/CI-M578-000143-24] - Related to resident to resident abuse
- Intake: #00129888 - [IL-0132677-AH/CI-M578-000152-24] - Related to resident to resident abuse
- Intake: #00127363 - [CI-M578-000146-24] - Related to an COVID-19 outbreak

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Previously Issued Compliance Order(s)

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

Order #002 from Inspection #2024-1585-0003 related to O. Reg. 246/22, s. 55 (2) (b) (iv).

Order #001 from Inspection #2024-1585-0003 related to O. Reg. 246/22, s. 12 (1) 4.

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

- Skin and Wound Prevention and Management
- Continence Care
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Duty to protect

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 24 (1)

Duty to protect

s. 24 (1) Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

A) The licensee has failed to ensure that a resident was protected from sexual abuse by another resident.

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Section 2 of Ontario Regulation 246/22 defines sexual abuse as "any non-consensual touching, behaviour or remarks of a sexual nature or sexual exploitation directed towards a resident by a person other than a licensee or staff member".

Rationale and Summary

A resident reported to staff that they experienced non-consensual touching of a sexual nature from another resident and was upset at the incident.

Failure to protect the resident from sexual abuse by another resident put the resident at risk for physical and emotional negative impacts.

Sources: Resident's Clinical Notes, Interviews with staff

B) The licensee has failed to ensure that a resident was protected from physical abuse by another resident.

Ontario Regulation 246/22 s. 2 (1) c includes the definition of physical abuse as "the use of physical force by a resident that causes physical injury to another resident".

Rationale and Summary

A resident sustained an injury and negative emotional impact after the use of physical force from another resident.

Failure to protect a resident from physical abuse caused another resident to sustain an injury.

Sources: Resident's Clinical Notes, Interviews with staff

WRITTEN NOTIFICATION: Infection prevention and control program

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NC #002 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 that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented.

A) In accordance with IPAC Standard, revised September 2023, section 5.6, the licensee shall ensure that surfaces are cleaned at the required frequency.

Specifically, the licensee has failed to ensure that the railings in the unit hallway are cleaned and disinfected, daily.

Rationale and Summary

Resident Home Assistants stated that the railings in the resident hallways are cleaned once weekly when the unit is not in outbreak, and daily when the unit is in outbreak.

A record review of the "Weekly RHA Work-Routine for 7-3pm" includes a task of cleaning all railings only on Sundays.

The IPAC Lead stated that railings are to be cleaned twice daily regardless of the unit's outbreak status.

When the RHA did not clean the high-touch surface of the unit railings daily, it placed residents and staff at risk of infection transmission.

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Sources: IPAC Standard, 2023, Best Practices for Environmental Cleaning for Prevention and Control of Infection in All Healthcare Settings, 3rd edition, Standard Operating Procedure- Resident Room Daily Cleaning policy, April 2018, observation of a resident's room, interviews with staff

B) In accordance with the IPAC Standard, revised September 2023, section 7.3, (b), the IPAC Lead shall ensure that audits are performed as required.

Specifically, the licensee has failed to ensure that the IPAC Lead implemented audits, at least quarterly, to confirm that all staff can perform the IPAC skills required of their role.

Rationale and Summary

The IPAC Lead provided inspectors with audits for hand hygiene (HH) and Personal Protective Equipment (PPE) from August-October, 2024.

The HH audits recorded the following roles: Personal Support Workers, nurses, recreation staff, housekeeping, dietary, caregivers, and volunteers. The HH audits reflected auditing of multiple staff roles within the home.

The PPE audits recorded the following roles: PSWs, nurses, and housekeeping. Of the number of audits, two audits were for the housekeeping environmental staff. The PPE audits did not reflect the variety of roles within the home.

The units audited for PPE did not include the Buttonworks or Laurel Creek home areas.

The collective time-span for the audits ranged in time from 0912-1557hours. This time range would not include the evening shifts.

The IPAC Lead stated that PPE is utilized for the other roles than just PSW, nursing,

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and housekeeping.

The IPAC Lead stated that the time on the audits and variety of the units is a way to tell that a variety of staff were being audited.

When the licensee failed to conduct quarterly IPAC skills auditing of all staff, it placed the residents at risk for infection transmission, as potential gaps in staff's IPAC skills could not be identified.

Sources: IPAC Standard, 2023, audits of hand hygiene and PPE, and interviews with the IPAC Lead #115

C) In accordance with the IPAC Standard, revised September 2023, section 9.1 additional precautions must include both evidence-based practices related to contact precautions, as well as appropriate selection and application of personal protective equipment (PPE).

Specifically, the licensee has failed to ensure that a registered staff complied with the appropriate application of PPE for a resident requiring droplet precautions care within two meters of the resident.

Rationale and Summary

A resident had signage posted outside of their room for droplet precautions. The sign directed for staff and visitors to wear surgical mask or N95 respirator and protective eyewear when within two meters of resident, as staff to wear gown and gloves to care for the resident.

The registered staff was observed not wearing eye protection when entering and exiting the resident's room.

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The registered staff stated that they did not wear eye protection while taking the resident's temperature.

Inspector observed that the visitor in the room was standing at bedside and not wearing a gown or gloves. The registered staff stated that they were wearing a mask. This did not include eye protection, as stated in the precautions sign.

When asked about the risk of not wearing the appropriate PPE, the RPN stated that there was a risk of spreading infection.

When the registered staff did not select the appropriate personal protective equipment (PPE) for droplet precautions when being within two meters of the residents, it placed residents and themselves at risk of infection transmission.

Sources: IPAC Standard, 2023, IPAC sign on a resident's room, observation of room, and interview with staff