

**Ministry of Long-Term Care**

Long-Term Care Operations Division

Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor

Hamilton, ON, L8P 4Y7

Telephone: (800) 461-7137

## Original Public Report

**Report Issue Date:** March 16, 2023

**Inspection Number:** 2023-1511-0002

**Inspection Type:**

Critical Incident System (CIS)

**Licensee:** Mennonite Brethren Senior Citizens Home

**Long Term Care Home and City:** Mennonite Brethren Senior Citizens Home, St Catharines

**Lead Inspector**

Lisa Bos (683)

**Inspector Digital Signature**

## INSPECTION SUMMARY

The inspection occurred on the following date(s):

February 15, 17, 21-24 and 27, 2023

The following intake(s) were completed:

- Intake: #00002009, CIS #3016-000006-21 related to falls prevention and management;
- Intake: #00003105, CIS #3016-000001-22 related to falls prevention and management;
- Intake: #00012500, CIS #3016-000011-22 related to infection prevention and control;
- Intake: #00015664, CIS #3016-000014-22 related to falls prevention and management;
- Intake: #00015985, CIS #3016-000015-22 related to infection prevention and control; and
- Intake: #00020709, CIS #3016-000003-23 related to nutrition and hydration.

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

Food, Nutrition and Hydration

Infection Prevention and Control

Falls Prevention and Management

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Telephone: (800) 461-7137**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)**

FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident was reassessed and their plan of care was revised when care set out in the plan regarding their positioning and mobility needs was no longer necessary.

**Rationale and Summary**

An incident occurred and a resident sustained an injury which resulted in transfer to hospital. Upon return from hospital, the resident's plan of care was updated to include restrictions regarding their positioning and mobility needs.

A Registered Practical Nurse (RPN), the Physiotherapy Assistant (PTA) and the Physiotherapist (PT) indicated that the resident no longer required the restrictions. The resident's plan of care was updated to reflect their current status. There was no risk to the resident as staff were aware of the resident's current abilities.

**Sources:** A resident's clinical record; observations; interviews with a RPN, the PTA, PT, Senior Administrator and other staff.

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Date Remedy Implemented: February 26, 2023

**WRITTEN NOTIFICATION: Infection prevention and control program****NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

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

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

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**Rationale and Summary**

A) The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 that Additional Precautions were to be followed in the IPAC program which included (f) the appropriate selection, application, removal, and disposal of Personal Protective Equipment (PPE).

Two Personal Support Workers (PSWs) were observed to don PPE to provide care to a resident on droplet/contact precautions. Both PSWs were observed to don an N95 respirator over a different type of mask prior to the provision of care to the resident.

The PSWs were unaware that wearing an N95 respirator over a different type of mask could affect the seal of the mask.

The Senior Administrator acknowledged that the PSWs did not apply the PPE properly.

Failure to comply with the IPAC Standard, to select and use PPE correctly, may have increased the risk of transmission of infections.

**Sources:** Observation of donning of PPE by PSWs; review of signage posted related to droplet/contact precautions and interviews with the PSWs, the Senior Administrator and other staff.  
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B) The IPAC Standard for Long-Term Care homes, indicated under section 10.4 that the home's hand hygiene program was to include (h) support for residents to perform hand hygiene prior to receiving meals.

The lunch meal was observed on a home area and staff were not observed to provide support to any residents to perform hand hygiene prior to meal service.

One PSW reported they assisted two residents with hand hygiene and a second PSW reported they assisted one resident with hand hygiene prior to meal service. A third PSW, a RPN and a recreation staff member acknowledged they did not provide any residents with support to complete hand hygiene prior to meal service.

The Senior Administrator acknowledged that staff were required to provide support for residents to perform hand hygiene prior to meal service.

Failing to provide support to residents to complete hand hygiene prior to meal service put the residents

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at risk of contracting an infection.

**Sources:** IPAC Standard for Long-Term Care Homes, dated April 2022; dining observations; interviews with PSWs, a RPN, recreation staff member and the Senior Administrator.

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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.

The licensee has failed to ensure that the Director was immediately informed of outbreaks of a disease of public health significance.

**Rationale and Summary**

A) An outbreak was declared by Public Health and a Critical Incident (CI) report was not submitted to the Director to inform them of the outbreak until two days after the outbreak was declared, as confirmed by the Senior Administrator.

B) An outbreak was declared by Public Health and a CI report was not submitted to the Director to inform them of the outbreak until one day after the outbreak was declared, as confirmed by the Senior Administrator.

**Sources:** Critical Incident System (CIS) reports; interview with the Senior Administrator.

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### WRITTEN NOTIFICATION: Reports re critical incidents

**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 115 (3) 4.

The licensee has failed to ensure that the Director was informed of an incident that caused injury to a resident for which the resident was taken to hospital and that resulted in a significant change in their health condition, no later than one business day after the occurrence of the incident.

**Rationale and Summary**

An incident occurred which resulted in a resident being transferred to hospital. A progress note by a

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Registered Nurse (RN) on the date of the incident indicated that they contacted the hospital and were notified of a significant change in the resident's health condition.

A CI reported was not submitted until two business days after the occurrence of the incident.

The Senior Administrator acknowledged that the incident resulted in a significant change in the resident's health condition and was not reported to the Director within one business day after the occurrence of the incident, and should have been.

**Sources:** CIS report; a resident's clinical record; interview with the Senior Administrator.  
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**WRITTEN NOTIFICATION: Additional training - direct care staff****NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 261 (1) 1.

The licensee has failed to ensure that all staff who provided direct care to residents received training on falls prevention and management in 2022.

**Rationale and Summary**

In accordance with an e-mail from the home's Human Resources Manager, all direct care staff did not complete the home's mandatory training for 2022. The home's Senior Administrator reported that the home updated their falls prevention and management program in 2022. They confirmed the home's mandatory training included training for direct care staff on falls prevention and management, and that all direct care staff were not trained in 2022.

There was risk that all direct care staff may not be familiar with the home's falls prevention and management program when they did not receive annual training as required.

**Sources:** E-mail from the Human Resources Manager; interview with the Senior Administrator.  
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