

**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**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 21, 2021	2021_911506_0002	007290-21	Complaint

Licensee/Titulaire de permis

Rykka Care Centres LP
3760 14th Avenue Suite 402 Markham ON L3R 3T7

Long-Term Care Home/Foyer de soins de longue durée

Dundurn Place Care Centre
39 Mary Street Hamilton ON L8R 3L8

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

LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): August 26, 27, September 8, 9, 10 and 13, 2021.

This inspection was completed related to the following Complaint intakes:

Log #007290-21- related to infection control, staffing, housekeeping, training and orientation.

To note the Minister of Long Term Care entered the home on the first date of the inspection with Inspector #506.

This inspection was conducted concurrently with critical incident inspection #2021_911506_0003.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Infection Control Manager, Business Manager, Staffing Co-ordinator, Environmental Service Manager, Resident Assessment Instrument Co-ordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), maintenance staff, recreation staff, dietary staff, housekeeping staff and residents.

During the course of the inspection, the inspector completed an Infection Prevention and Control (IPAC) checklist, cooling requirements, observed resident care, meal and snack service, medication pass, reviewed resident health records, reviewed audits, reviewed staffing plans, training and orientation, reviewed Public Health audits, conducted interviews and reviewed relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Housekeeping
Infection Prevention and Control
Safe and Secure Home
Sufficient Staffing
Training and Orientation**

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

**1 WN(s)
1 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 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 :

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control (IPAC) program in relation to resident hand hygiene before nourishment pass and staff hand hygiene during medication administration.

The home's policy, 'Hand Hygiene and Glove Use', stated "resident hand hygiene will be performed before and after eating and/or drinking" and "staff hand hygiene will be performed before initial resident contact/resident environment and in common areas."

On an identified date in August 2021, the following was observed:

- i. During a nourishment pass, five residents were not offered assistance with hand hygiene prior to receiving their nourishment, which was confirmed by PSW #113 and #114.
- ii. During a medication pass it was identified that RPN #111 gave a resident their medications, left the resident's room and did not wash their hands. The RPN went back to the medication cart which was in a common area, completed documentation and then went and completed a treatment on another resident and did not wash their hands. An interview with RPN #111 confirmed that they should have washed their hands between contact with the residents.

The IPAC lead confirmed it was an expectation of staff to offer residents hand hygiene before nourishment and staff to complete hand hygiene between medication passes.

Not completing hand hygiene when indicated increased risk to residents as it served as a mechanism to prevent the transmission of infection.

Sources: the home's policy, "Hand Hygiene and Glove Use" (Policy No:IFC H-15, revised date April 2021), a medication pass and nourishment observation and interviews with staff. [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 all staff participated in the implementation of the infection prevention and control (IPAC) program in relation to resident hand hygiene before nourishment pass and staff hand hygiene during medication administration, to be implemented voluntarily.

Issued on this 22nd day of September, 2021

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

Original report signed by the inspector.