

**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**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130, avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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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
Feb 23, 2021	2021_648741_0002	001749-21	Critical Incident System

Licensee/Titulaire de permis

Elmwood Place Operating Inc.
5015 Spectrum Way, #600 Mississauga ON L4W 0E4

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

Elmwood Place
46 Elmwood Place West London ON N6J 1J2

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

AYESHA SARATHY (741), DONNA TIERNEY (569)

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 9 and 10, 2021

The following Critical Incident System (CIS) was inspected as a part of this inspection:

CIS #2662-000002-21 related to the unexpected death of a resident

During the course of the inspection, the inspector(s) spoke with a Personal Support Worker (PSW), Registered Practical Nurses (RPNs), Registered Nurses (RNs), a Housekeeper, the Environmental Services Manager (ESM), a Physiotherapy Assistant (PTA), the Infection Prevention and Control (IPAC) Lead, the Assistant Director of Care (ADOC), the Director of Care (DOC), and the Executive Director (ED).

The Inspector(s) also made observations related to IPAC in the home and reviewed a resident's health records and relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Nutrition and Hydration**

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

1 WN(s)

0 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 a staff member participated in the implementation of the Infection Prevention and Control (IPAC) program related to using appropriate

Personal Protective Equipment (PPE) and hand hygiene.

Inspector #741 observed a resident in their room with signage on their door indicating that droplet and contact precautions needed to be taken to enter the resident's room. A staff member was observed in the resident's room in close proximity to the resident wearing only a face mask and face shield. It was also observed that the staff member did not perform hand hygiene before and after their interactions with the resident.

Directive #5 for Long-Term Care Homes, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, on October 8, 2020, stated that at a minimum droplet and contact precautions must be used for all interactions with suspected, probable or confirmed COVID-19 residents. It stated that droplet and contact precautions include gloves, face shields or goggles, gowns, and surgical/procedure masks.

The home's "Universal Masking Strategy for Staff" procedure, last revised January 26, 2021, indicated that for a resident who was in isolation, a procedure mask, face shield/goggles, gown and gloves were required to be worn and hand hygiene was required before and after providing care for the resident.

The Executive Director (ED) said that staff had been trained on the home's expectation to perform hand hygiene and don a face mask, face shield/goggles, gown and gloves and perform hand hygiene when coming within two meters of a resident placed under isolation for symptoms of COVID-19. They said that the staff member should have performed hand hygiene and worn a gown and gloves, in addition to the face mask and face shield/goggles when they were in the resident's room.

There was an increased risk of infection to the staff member and others in the home as a result of them failing to wear appropriate PPE and performing hand hygiene when they were in the resident's room.

Sources: the resident's progress notes; Directive #5 for Long-Term Care Homes, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, on October 8, 2020; The home's "Universal Masking Strategy for Staff" procedure, last revised January 26, 2021; observation of the resident; interviews with the ED and other staff.

Issued on this 25th day of February, 2021

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

Original report signed by the inspector.