

**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
Jul 13, 2021	2021_593573_0014	006223-21, 008234- 21, 009561-21	Complaint

Licensee/Titulaire de permis

Villa Marconi Long Term Care Center
1026 Baseline Road Ottawa ON K2C 0A6

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

Villa Marconi
1026 Baseline Road Ottawa ON K2C 0A6

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

ANANDRAJ NATARAJAN (573)

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): June 8 – 10, 14 – 16 and 21 – 23, 2021.

Complaint Log (s) #: 008234-21 and 009561-21 related to hot temperature and infection prevention practices concerns and log #006223-21, related to the resident care and services was inspected.

During the course of the inspection, the inspector(s) spoke with the residents, Housekeeping Aide, Personal Support Workers (PSWs), Registered Practical Nurses (RPNs), Registered Nurses (RNs), Physiotherapist, Director of Infection Prevention and Control program, Director of Care (DOC), and the Administrator.

During the course of the inspection, the inspector(s) reviewed the resident health care records, and other pertinent documents. The Inspector(s) observed residents, resident home areas and infection control practices. In addition, inspector(s) observed the provision of care to the resident and observed staff to resident interactions.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services
Reporting and Complaints
Safe and Secure Home

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

3 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 :

1. The licensee has failed to ensure that the staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

On two separate meal observations, the inspector observed that the residents' hands were not cleaned before and after the lunch meal service.

During a snack service, the inspector observed two PSWs assist with the residents' snack service and did not perform their hand hygiene nor wash their hands between the care.

The licensee's hand hygiene program was based on the Ontario's Just Clean Your Hands (JCYH) program which requires that the staff assist residents to clean their hands before and after meals. Furthermore, the JCYH program required the staff to perform hand hygiene before assisting with snacks. The failure to follow the Infection Prevention and Control (IPAC) practices posed an infection control risk to the staff and the residents.

Sources: Direct observations, interview with the Director of Infection prevention and control and other staff interviews. [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 the staff participated in the implementation of the Infection Prevention and Control (IPAC) program, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (2) The licensee shall ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident. 2007, c. 8, s. 6 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care is based on an assessment of the resident and the needs and preferences of that resident.

A review of the resident's health care records indicated that the resident was bedridden for two specified months. The resident's plan of care indicated that the resident was to stay in their bed due to unavailability of the mobility device.

The resident's progress notes, indicated that the resident's substitute decision maker was informed regarding the resident's safety concerns with their mobility device and required a new seating and mobility assessment. The Occupational therapist (OT) was informed that the resident required a new seating and mobility assessment.

A review of the resident's health care record indicated that the resident's seating and mobility assessment was completed by the OT after two months from the initial notification. During an interview, the Director of Care acknowledged that the OT did not assess the resident related to their seating and mobility needs during the reviewed period.

Sources: The resident's plan of care, progress notes, interview with the Director of Care, and other staff members. [s. 6. (2)]

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements

Specifically failed to comply with the following:

s. 20. (1.1) The heat related illness prevention and management plan must, at a minimum,

(a) identify specific risk factors that may lead to heat related illness and require staff to regularly monitor whether residents are exposed to such risk factors and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).

(b) identify symptoms of heat related illness and require staff to regularly monitor whether residents exhibit those symptoms and take appropriate actions in response; O. Reg. 79/10, s. 20 (1.1).

(c) identify specific interventions and strategies that staff are to implement to prevent or mitigate the identified risk factors that may lead to heat related illness and to prevent or mitigate the identified symptoms of such an illness in residents; O. Reg. 79/10, s. 20 (1.1).

(d) include the use of appropriate cooling systems, equipment and other resources, as necessary, to protect residents from heat related illness; and O. Reg. 79/10, s. 20 (1.1).

(e) include a protocol for appropriately communicating the heat related illness prevention and management plan to residents, staff, volunteers, substitute decision-makers, visitors, the Residents' Council of the home, the Family Council of the home, if any, and others where appropriate. O. Reg. 79/10, s. 20 (1.1).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's written heat related illness prevention and management plan include the use of appropriate cooling systems, equipment and other resources as necessary to protect residents from heat related illness.

Inspector reviewed the licensee's policy/ procedures (#05-04-08) related to the hot weather prevention and illness management, revised May 2021 and the home's hot weather contingency plan. Upon review, both the licensee's policy/procedure #05-04-08 and the contingency plan do not include the required information in accordance with O.Reg 79/10, s. 20. (1.1) (d).

Sources: Universal Care (Nursing Procedure Manual) Hot weather prevention and illness management, Policy #05-04-08 revised: May 2021, Hot weather contingency plan and interview with the Administrator. [s. 20. (1.1) (d)]

Issued on this 13th day of July, 2021

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

Original report signed by the inspector.