

Original Public Report

Report Issue Date	September 8, 2022		
Inspection Number	2022_1366_0001		
Inspection Type	<input type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Schlegel Villages Inc. 325 Max Becker Drive Suite. 201 Kitchener ON N2E 4H5		
Long-Term Care Home and City	The Village of Erin Meadows 2930 Erin Centre Boulevard Mississauga ON L5M 7M4		
Lead Inspector	Nicole Ranger (189)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 18, 19, 20, 21, 22, 2022.

The following intake(s) were inspected:

- Log # 009088-22 (Complaint) related to Falls Prevention, Food, Nutrition and Hydration, Resident Care and Services.
- Log # 003750-22 (Follow-up) related to Infection Prevention and Control.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who inspected the order
O. Reg. 79/10 s. 229. (4).	2022_780699_0004	001	189

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services

INSPECTION RESULTS

COMPLIANCE ORDER [CO#001] INFECTION PREVENTION AND CONTROL

NC#001 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

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

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act.

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22, s.102(2)b

The licensee must:

- 1) Ensure residents are assisted with hand hygiene prior to and after meals on two identified units.
- 2) Ensure staff store Personal Protective Equipment (PPE) appropriately in accordance with the local public health unit direction.
- 3) Ensure visitors for residents #002 and #003 adhere to home's "2019 Novel Coronavirus (COVID-19) Visitor Code of Conduct policy", effective March 1, 2022, and receives training on hand hygiene and mask requirements in the home.
- 4) Ensure housekeeping carts are organized and housekeeping staff #113 receives training and adhere to the home's IPAC policies.
- 5) Conduct random audits for three weeks to monitor adherence with items #1 – 4. Maintain a documented record, including the person responsible, dates, times, outcome, and any corrective action taken.

Grounds

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 issued by the Director was followed by staff related to routine practices and additional precautions.

Rationale and Summary

The home followed local Public Health (PH) best practices for IPAC.

At the time of the inspection, the following IPAC practices were observed:

1. Hand Hygiene:

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, s. 10.4 (h) states that the licensee shall ensure that the hand hygiene program includes support for residents to perform hand hygiene prior to receiving meals and snacks.

In July 2022, observation of the lunch meal on two identified units, PSW #107, PSW #109, PSW #110, PSW#111 and Recreation aide #112, did not assist residents with hand hygiene before or after their meals.

2. Personal Protective Equipment (PPE):

The home's policy "Disinfecting of Goggles, Face shield and glasses" directed staff to ensure any reusable eye wear for infection control purposes are cleaned and stored correctly, to avoid the spread of infection.

In July 2022, three unlabelled face shields were observed on top of the fireplace in an identified room.

3. Visitors not adhering to IPAC policy

The home's policy "2019 Novel Coronavirus (COVID-19) Visitor Code of Conduct", effective March 1, 2022, directed visitors to practice hand hygiene and to wear a mask while in the home.

In July 2022, while assisting resident #002 with their meal, the visitor took off their mask in the dining room. RPN #106 requested that the visitor reapply their mask and keep it on while in the home.

In July 2022, PSW #111 was assisting resident #003 with their meal when the family member arrived. The family member then began to feed the resident, and did not sanitize their hands prior to assisting with feeding.

4. Housekeeping Cart

The home received an audit conducted by Trillium Public Health IPAC hub team in June 2022. The audit identified overcrowded housekeeping carts, micro-fiber cloths that were hanging over into the garbage can, and clean linen that were touching the floor. The IPAC Hub team instructed the home to ensure housekeeping carts were organized to prevent contamination of linen and supplies.

In July 2022, observed housekeeping staff #113's cart that was overcrowded, including dry micro-fiber cloths that were touching soaked micro-fiber cloths, open box of gloves and disinfectant cleaner on top of the dry micro-fiber cloths.

IPAC Lead #108 acknowledged there were risk at the time of non-compliance related to staff not following the home's IPAC program and local public health direction. There was a risk of infection transmission to residents when they were not assisted with hand hygiene prior to their meal, and when visitors did not follow the home's IPAC practices. There was a potential contamination risk when housekeeping carts were not organized, and when the face shields were left unattended.

Sources: Observations conducted in July 2022, interviews with RPN #106, PSW #107, PSW #111, Housekeeping staff #113, and IPAC Lead #108.

This order must be complied with by [October 14, 2022](#)

WRITTEN NOTIFICATION DINING AND SNACK SERVICES

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O reg 79/10 73 1(6)

The licensee has failed to ensure that food and fluids were served at a temperature that is both safe and palatable to the resident.

Rationale and Summary

Resident #001 was independent with eating and required set up help with meals. In December 2021, during a meal service, recreation aide #103 placed a cup of liquid on the table for the resident. Resident #001 grabbed the cup with their hand, however lost grip of the handle, resulting in the liquid spilling on their extremities. Resident #001 sustained a skin impairment to their extremities.

Resident #001 said that the liquid was hot when served that day. Food temperature readings for the liquid and other food items for that day were not recorded. Food temperature readings for a week in July 2022, also identified meal items on all shifts were not completed consistently.

Director of Food Service #104 acknowledged they did not take temperature readings for the liquid on the above-mentioned identified date in December 2021, and the temperature readings are currently not completed consistently.

Failure to ensure that food and fluids being served at a temperature that is safe and palatable placed the resident at risk of injury.

Sources: Temperature Log of meals for December 2021, and week in July 2022, complaint log #009088-22, interview with Director of Food Service #104, Recreation Aide #103, PSW #107 and Resident #001.

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WRITTEN NOTIFICATION PLAN OF CARE

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that that the care set out in the plan of care was provided to the resident as specified in the plan.

Rationale and Summary

Residen#001 required a device while using a mobility aide, and had unwitnessed fall. The resident was sent to hospital and was diagnosed with an injury.

Staff were to make sure that the device was applied to the resident while using the mobility aide. Staff discovered that the resident had fallen out of the mobility aide, and the device was not applied. Resident #001 said that the device was not applied correctly.

Failure to apply the device correctly for resident #001, increased their risk of falls and injury.

Sources: Progress notes, care plan, and home's investigation notes, complaint log #009088-22, interview with RPN #105, PSW #114 and resident #001.

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WRITTEN NOTIFICATION LICENSEE MUST COMPLY

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

Non-compliance with: LTCHA, 2007, s. 101 (4)

The licensee has failed to comply with the conditions of the Compliance Order (CO) #001 in inspection report 2022_780699_0004.

Rationale and Summary

Compliance Order (CO) #001 in inspection report 2022_780699_0004 required the home to be in compliant with O.Reg 79/10, s. 229. (4).

The licensee shall ensure that all staff participate in the implementation of Infection Prevention and Control program.

The compliance order required the home to:

1. Develop and implement a written audit tool to be completed on every shift, for a period of one month upon receipt of this order, to monitor that all staff wear the required PPE, while working in resident care areas; and follow the home's IPAC policy. The audit must include, date and time, who conducted the audit and any corrective actions taken as a result of the audit. The records must be made available upon request.
2. Re-educate all registered staff, including the leadership team, on the home's 'Managing a Respiratory Outbreak' policy.
3. Develop a protocol for residents who are unable maintain isolation or contact droplet precautions due to responsive behaviours or increased risk of falls, to mitigate risk of transmission of infection to other residents and staff. All direct care staff should be educated on the protocol.
4. Post outbreak and droplet/contact precaution signage as specified in the home's 'Managing Respiratory Outbreaks' policy.

5. Designate break areas for staff, that are clearly identifiable by staff and includes signage regarding IPAC measures to be followed.

Follow up inspection was conducted July 18 to July 22, 2022. The inspector found the home in compliance with items #2 to 5, however the home was not in compliance with item #1. The Director of Care #102 and IPAC Lead #108 acknowledged that the home's written audit tool was not completed on every shift, for a period of one month as ordered.

Sources: Review of home's compliance audits, interview with IPAC Lead #108 and DOC #102.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the *Fixing Long-Term Care Act, 2021* (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB).

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include,

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:



Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Inspection Report under the
Fixing Long-Term Care Act, 2021

Toronto Service Area Office
5700 Yonge Street, 5th Floor
Toronto ON M2M 4K5
Telephone: 1-866-311-8002
TorontoSAO.moh@ontario.ca

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
email: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.