

**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
May 19, 2021	2021_866585_0004	001910-21	Critical Incident System

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W
0E4

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

West Oak Village
2370 Third Line Oakville ON L6M 4E2

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

LEAH CURLE (585)

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): May 3, 4, 6 and 7, 2021, on-site and May 11 and 12, 2021, off-site.

The following intake was completed in this Critical Incident System (CIS) inspection:

Log #001910-21/CIS: 2870-000002-21 related to falls prevention and management.

During the course of the inspection, the inspector(s) spoke with residents, Support Workers, staffing/reception staff, housekeeping staff, recreation staff, Personal Support Workers (PSWs), a PSW student, a Personal Support Assistant (PSA), Registered Practical Nurses (RPNs), an Associate Director of Care/Staff Educator/Falls Lead, the Environmental Services Manager, the Infection Prevention and Control (IPAC) Manager, Director of Care (DOC) and the Executive Director (ED).

During the course of the inspection, the inspector toured the home, observed the provision of care and services, reviewed records including clinical health records, policies and procedures, program evaluations, screening logs and Antigen Testing logs.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Safe and Secure Home

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

3 WN(s)

2 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee has failed to ensure that the home was a safe and secure environment related to their requirement to follow precautions and procedures with how to deal with suspected, probable or confirmed COVID-19 patients or residents, as per requirements set out in Chief Medical Officer of Health (CMOH)'s Directive #5.

Directive #5 states Droplet and Contact Precautions must be used by regulated health professionals and other health care workers for all interactions with suspected, probable or confirmed COVID-19 patients or residents.

Directive #3 also outlines requirements for circumstances when residents require Droplet and Contact Precautions for COVID-19.

During the inspection, multiple staff were not wearing all required personal protective equipment (PPE) when interacting with two residents in accordance with Directive #5. The Infection Prevention and Control (IPAC) Manager confirmed staff were expected to follow the Additional Precautions for the two residents as set out in the Directive.

Failure to comply with Directive #5 increased the potential for risk of transmission of infection.

Sources: CMOH's Directive #5 (issued April 7, 2021), CMOH's Directive #3 (issued April 23, 2021), observations of multiple staff, interview with the IPAC Manager. [s. 5.]

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 and ensure that the home is a safe and secure environment for its residents, to be implemented voluntarily.

WN #2: 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 all staff participated in the implementation of the infection prevention and control (IPAC) program; specifically, their policies related to hand hygiene, donning and doffing PPE, and disinfecting of equipment.

During the inspection, a lunch meal service was observed on Bronte home area. Residents were not offered or provided hand hygiene after eating lunch.

On two dates during the inspection, afternoon snack pass was observed on Howell and Williams home areas. Staff did not offer or assist residents with hand hygiene prior to providing drinks and snacks.

The IPAC Manager reported the Just Clean Your Hands program was implemented in the home and staff were expected to assist all residents with hand hygiene before and after meal and snack service.

Failure to ensure all staff participated in the home's infection control program posed a risk for transmission of disease to and among the residents.

Sources: The home's policy "Preventing the Transmission of Infection - IPC2-P10", reviewed March 31, 2021, two snack observations, a lunch observation, interview with the IPAC Manager and other staff.

B) During the inspection, multiple staff did not dispose of, replace and/or clean PPE immediately after interactions with two residents that required Additional Precautions. One isolation caddy did not contain all required PPE at a time when it was indicated. A visitor also did not wear all required PPE when indicated.

The IPAC Manager reported all staff were expected to ensure appropriate PPE was available and used by staff by completing a risk assessment before each interaction with any resident; that PPE was to be disposed of, replaced and/or cleaned immediately after interactions with the two residents; and visitors were required to use appropriate PPE where indicated.

Failure to ensure all staff participated in the home's infection control program posed a risk for transmission of disease to and among the residents.

Sources: IPAC policy "Preventing the Transmission of Infection - Index: IPC2-P10", reviewed March 31, 2021, observations of multiple staff, interview with the IPAC Manager.

C) During the inspection, staff did not clean a specified type of equipment in accordance with requirements after its use. The IPAC Manager stated staff were expected to disinfect the equipment immediately after it had been used.

Failure to ensure all staff participated in the home's infection control program posed a risk for transmission of disease to and among the residents.

Sources: IPAC policy "Droplet Precautions - Index: IPC2-010.07", reviewed March 31, 2021, observations of staff, interview with the IPAC Manager. [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 and ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 174.1 Directives by Minister

Specifically failed to comply with the following:

s. 174.1 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home. 2017, c. 25, Sched. 5, s. 49.

Findings/Faits saillants :

1. The licensee has failed to ensure that every operational directive that applies to the long-term care home was complied with in relation to the Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes.

The Minister's Directive for Long-Term Care Home Surveillance Testing and Access to Homes requires all Support Workers to demonstrate they have received a negative COVID-19 test result from an Antigen Test on the day of the visit or demonstrate proof that they received a negative Antigen Test from an Antigen Test that was taken on the previous day before granting them entry as a visitor.

On a date in 2021, two Support Workers accessed the home but had not received an Antigen Test on the date of their visit to the home or on the previous day. The IPAC Manager confirmed the third-party oversight failed ensure surveillance and testing requirements were met for the two Support Workers.

Failure to follow the Minister's Directive posed a risk for transmission of disease to the residents.

Sources: The Minister's Directive: COVID-19 Long-Term Care Home Surveillance Testing and Access to Homes, effective March 15, 2021, interview the IPAC Manager and others. [s. 174.1 (3)]

Issued on this 20th day of May, 2021

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

Original report signed by the inspector.