

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Original Public Report

Report Issue Date: September 20, 2024.

Inspection Number: 2024-1276-0001

Inspection Type:

District Initiated

Licensee: Sioux Lookout Meno-Ya-Win Health Centre

Long Term Care Home and City: William A. "Bill" George Extended Care Facility,
Sioux Lookout

INSPECTION SUMMARY

The inspection occurred onsite on August 19, and 20, 2024, and offsite on August 26, 2024.

The following intake was inspected:

- One intake: regarding Infection Prevention and Control (IPAC).

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

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Doors in the home

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NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they were not being supervised by staff.

Rationale and Summary

During the inspection, three rooms were observed unlocked and unsupervised by staff. On another occasion, during the inspection, one of these same rooms was observed to be unlocked and unsupervised by staff.

The Long-Term Care (LTC) Team Lead reported these rooms were to be locked at all times as they were non-residential areas and proceeded to lock these doors.

Sources: Observations conducted during the inspection; and an interview with the LTC Team Lead.

WRITTEN NOTIFICATION: IPAC lead

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

Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

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Infection prevention and control program

s. 102 (15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

The licensee failed to ensure that the infection prevention and control (IPAC) lead worked regularly in that position, on site, for at least 17.5 hours per week.

Rationale and Summary:

The current resident census indicated a total of 21 residents.

The IPAC lead reported they work onsite less than 17.5 hours per week. The Director of Care (DOC) also confirmed the IPAC lead did not work in the home for the required hours.

Sources: Review of the resident census list; and interviews with the IPAC lead and the DOC.

WRITTEN NOTIFICATION: Infection prevention and control

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

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health

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Protection and Promotion Act are followed in the home.

The licensee has failed to ensure that the Alcohol-based hand rub (ABHR) used in the home, was not expired.

Rationale and Summary

During the inspection, two bottles of ABHR were observed to be expired.

The Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, effective April 2024, noted that, "ABHR must not be expired".

Sources: Observations of ABHR bottles; Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings, April 2024; and an interview with a PSW.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

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The licensee shall:

- 1) Conduct a documented review of all residents in the home to determine whether additional IPAC precautions are required.
- 2) Ensure the appropriate signage is posted to inform staff of the need for precautions.
- 3) Provide training to all staff that work at the home, regarding the point-of-care signage and the personal protective equipment (PPE) required.
- 4) Keep a documented record of the training; the names of the trainer; the attendees; and the content of the training with dates.
- 5) Conduct weekly audits for a period of four weeks, of the residents in the home to ensure additional IPAC precautions signage was posted according to the resident needs; staff awareness of need for additional precautions and the appropriate use of PPE. Keep a documented record of these audits.

Grounds

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to IPAC was complied with.

- 1) Specifically related to point-of-care signage.

Rationale and Summary

According to the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes - Revised September 2023, # 9.1 The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program which included point-of-care signage indicating that enhanced IPAC control measures are in place.

During a tour of the home, some resident rooms had a laminated symbol posted on their doors.

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In interviews, three staff members were unaware of the meaning of the laminated symbol on the resident doors.

The LTC Team Lead reported the purpose of this laminated symbol on the resident doors was to indicate the need for additional precautions; and the LTC Team Lead confirmed there were actually an increased number of residents that required additional precautions and did not have signage to indicate this.

The lack of point-of-care signage presented a moderate risk and impact to residents of the home as staff were unaware of the need for enhanced IPAC control measures while providing care.

Sources: Observations of the resident care unit; Review of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes - Revised September 2023, interviews with the LTC Team Lead, and staff members.

This order must be complied with by November 8, 2024

COMPLIANCE ORDER CO #002 Infection Prevention and Control Program

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (4) (e)

Infection prevention and control program

s. 102 (4) The licensee shall ensure,

(e) that the program is evaluated and updated at least annually in accordance with

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the standards and protocols issued by the Director under subsection (2);

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

- 1) Review the homes' Infection Prevention and Control (IPAC) program and policies currently in use;
- 2) Evaluate and update the program and policies in accordance with any recent standard or protocol issued by the Director with respect to IPAC; and
- 3) Maintain documentation of the review, evaluation and updates to the IPAC program and policies.

Grounds

The licensee has failed to ensure that the IPAC program was evaluated and updated at least annually in accordance with the standards and protocols issued by the Director with respect to infection prevention and control.

Rationale and Summary

A review of the homes' IPAC policies revealed they had not been evaluated or updated annually.

In interviews, the IPAC lead and the Director of Care (DOC) confirmed that the IPAC program and policies had not been reviewed or revised annually.

There was a moderate risk to the residents, as the homes' IPAC program did not reflect the most recent evidence based practice or in accordance with the most recent standards and protocols issued by the Director.

Sources: Review of Licensee IPAC policies; and interviews with the IPAC lead and

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the DOC.

This order must be complied with by November 8, 2024

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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;
- (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

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) 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:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) 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:

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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
e-mail: 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.