Ontario

**Inspection Report Under the**
**Fixing Long-Term Care Act, 2021**

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

**Central East District**
33 King Street West, 4th Floor
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# Original Public Report

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| **Report Issue Date:** 2024-04-16 | |
| **Inspection Number:** 2024-1555-0001 | |
| **Inspection Type:**<br>Proactive Compliance Inspection | |
| **Licensee:** The Regional Municipality of York | |
| **Long Term Care Home and City:** York Region Newmarket Health Centre, Newmarket | |
| **Lead Inspector**<br>Jennifer Brown (647) | **Inspector Digital Signature** |
| **Additional Inspector(s)**<br>Marian Keith (741757) | |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 11 - 15, and 18, 2024

The following intake(s) were inspected:

- One intake: Proactive Compliance Inspection (PCI)

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Residents' and Family Councils

Food, Nutrition and Hydration
Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Pain Management
Falls Prevention and Management

# INSPECTION RESULTS

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: FLTCA, 2021, s. 184 (3)**
Directives by Minister
s. 184 (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.

The licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every operational Minister's Directive that applied to the long-term care home, the operational Minister's Directive was complied with. Specifically, the licensee failed to conduct the Infection Prevention and Control self -assessment audits at a minimum of once per week when in a COVID-19 outbreak.

**Rationale and Summary:**
In accordance with the Minister's Directive: COVID-19 Response Measures for Long-Term Care Homes, effective August 30, 2022, section 1.1 stated the licensee was required to ensure that Infection Prevention and Control (IPAC) self-assessment audits were completed at least quarterly, in alignment with the requirement under the IPAC standard. When a home was in COVID-19 outbreak, IPAC self-assessment audits must be completed weekly.

The home's IPAC self-assessment audits indicated that the home was in outbreak during an identified period of time. Audits were conducted during the time of the outbreak, eight days apart. The Critical Incident (CI) report confirmed that the home was in COVID-19 outbreak for 15 days. No further audits were conducted during this outbreak.

The IPAC lead confirmed that the self-assessment audits were to be conducted weekly during a COVID-19 outbreak.

Failure to follow the Minister's Directive related to COVID-19 Response Measures, placed residents at risk for COVID-19 exposure.

**Sources:** Home's Self-Assessment Audits, CI Report, Interview with IPAC lead.

[741757]

## WRITTEN NOTIFICATION: Policies

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 11 (1) (a)**
Policies, etc., to be followed, and records
s. 11 (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee is required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system,
(a) is in compliance with and is implemented in accordance with all applicable requirements under the Act; and

The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, program, procedure, strategy, initiative or system, the licensee was required to ensure that the plan, policy, protocol, program, procedure, strategy, initiative or system, was in compliance with and was implemented in accordance with all applicable requirements under the Act.

**Summary and Rationale**
It was identified that the following policies had not been revised to reflect current legislation:

-Policy titled “Zero Tolerance of Abuse and Neglect Program Policy” last revised June 2019,
-Policy titled “Whistle Blowing Protection”, last revised January 2016,
-Policy titled “Critical Incident Reporting”, last revised October 2010,
-Policy titled “Pain Management”, last revised December 2010,
-Policy titled “Maintaining skin integrity”, last revised December 2017, and

-Policy titled "Falls Risk Assessment", last revised October 2021.

Correct policy information related to the above mentioned policies would allow the home to be aware of current legislative requirements.

**Sources**: Tour of the home, Record review of policies titled "Zero Tolerance of Abuse and Neglect Program Policy", revised June 2019, policy titled "Whistle Blowing Protection" revised January 2016, policy titled "Critical Incident Reporting" revised October 2010, policy titled "Pain Management", policy #RC-0702-00, revised December 2010, policy titled "Maintaining skin integrity policy" policy #SkW 1, revised December 2017, and policy titled "Falls Risk Assessment Policy", policy #FPMP 01-01 (v1.2), revised October 2021, and an interview with the Quality Improvement Lead, and other staff. [647]

## WRITTEN NOTIFICATION: Safe and Secure Home

NC #003 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 failed to keep all doors leading to non-residential areas closed and locked when not being supervised by staff.

**Rationale and Summary:**
The home was required to ensure that all doors leading to non-residential areas were closed and locked to restrict unsupervised access to those areas by residents.

During the tour of the home, the clean utility room on an identified resident home area was found open and unattended. On another resident home area, both the clean and soiled utility rooms were found open and unattended; after these rooms were closed and locked, the soiled utility room was found open and unattended again before the inspector left resident home area. On an additional resident home area, the soiled utility room was found to be closed, but unlocked.

The Director of Care (DOC) confirmed that the clean and soiled utility rooms were considered non-residential areas where residents were not to have access and the expectation was that the doors were to be kept closed and locked at all times.

Failure to ensure that all doors leading to non-residential areas were closed and locked, placed residents at risk for potential exposure to hazardous materials.

**Sources:** Observations, interview with DOC.

[741757]

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**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 licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was complied with. Specifically, the licensee failed to support a resident with hand hygiene prior to their meal.

**Rationale and Summary:**
In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022, Additional Requirements Under the Standard, section 10.4 directed the licensee to ensure that the hand hygiene program also included policies and procedures, as a component of the overall IPAC program, as well as, under section 10.4 (h) support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting.

A resident was observed for a meal in their room. The resident was set up with lunch meal by a Personal Support Worker (PSW) without offering hand hygiene to resident prior to eating their meal.

The PSW confirmed after the observation that they did not offer hand hygiene to the resident, but was supposed to. The IPAC lead confirmed that the expectation of PSW staff was to offer hand hygiene to residents prior to eating when bringing meal trays to resident rooms.

Failure to assist residents with hand hygiene prior to meals increased the risk of transmission of germs or infectious agents from surfaces or objects directly to residents through the process of eating with unwashed hands.

**Sources:** Observation of resident, Interviews with a PSW and IPAC Lead.

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## WRITTEN NOTIFICATION: Posting of Information

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
**Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.**
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee failed to post a current version of the visitor policy in the home.

**Rationale and Summary:**
The home was required to have a current version of the visitor policy posted in the home and communicated to residents.

The home's visitor policy was not present on the bulletin board where mandatory postings are located.

The DOC confirmed that the visitor policy was not posted in the home.

Failure to post the visitor policy, risked information and expectations of visitors not being communicated to the home for residents, families and visitors who may not have access to the policy of the home.

**Sources:** Observation, Interview with DOC.

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