

INSPECTION RESULTS**WRITTEN NOTIFICATION SCREENING****NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1****Non-compliance with: FLTCA, 2021 s. 184 (3).**

The licensee has failed to ensure every operational or policy directive that applies to the long-term care home is followed. That all people are actively screened for symptoms and exposure history for COVID-19 before they are allowed to enter the home.

Rationale and Summary

As per “Minister’s Directive: COVID-19 response measures for long-term care homes”, date of issuance April 27, 2022, licensees were required to ensure that the COVID-19 screening requirements as set out in the COVID-19 Guidance Document for Long-Term Care Homes in Ontario are followed. The “Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes”, last updated on June 27, 2022, was to be followed for minimum requirements regarding active screening.

Individuals entering the home were expected to be asked six active screening questions including the individual’s symptoms and exposure history. During the inspection the inspectors on several occurrences were not asked all the required active screening questions.

Interview with staff stated they had the screening questions memorized and did not follow any written guidance document. The ADOC confirmed that the staff is new to the position and had been previously re-educated to ask all required active screening questions and follow the guidelines.

The home not following active screening requirements may have placed the residents at an increased risk of exposure to COVID-19.

Sources: Observations, Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes (Version 12 – June 27, 2022), interviews with staff and the ADOC.

[706480]

WRITTEN NOTIFICATION STANDARD OR PROTOCOL ISSUED BY THE DIRECTOR**NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1****Non-compliance with: O. Reg. 246/22, s. 102 (2)(b).**

The licensee has failed to ensure any standard or protocol issued by the Director with respect to infection prevention and control was implemented.

Rationale and Summary

A) As per the “Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes”, dated April 2022, the home was required to support residents to perform hand hygiene prior to receiving meals and snacks, as well as support for residents who have difficulty completing hand hygiene due to mobility, cognitive, or other impairments.

The inspector observed several residents who were self-feeding, being served a lunch meal without being assisted with hand hygiene prior to the meal. A resident stated they did not receive assistance with hand hygiene prior to the lunch meal service.

Staff stated if the resident received care before the meal, their hands are already washed. If the resident did not receive care prior to the meal, then their hands are washed after the meal.

The ADOC confirmed it was the home’s expectation that residents should be supported with their hand hygiene prior to meal service. The ADOC acknowledged that the home’s Infection Control policy did not include hand hygiene for the residents, and they updated the policy during the inspection to encourage and support residents to perform hand hygiene before and after meals.

The failure to have a Hand Hygiene Program in accordance with any standard or protocol issued by the Director may have increased the risk to the residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022; observation on the Blossom unit, interviews with the ADOC and other staff.

B) As per the “Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes”, dated April 2022, the home was required to ensure that additional precautions in the IPAC program where additional personal protective equipment (PPE) requirements including appropriate selection, application, removal, and disposal, were followed.

A staff member was observed to enter a droplet precaution room and did not don the required eye protection when providing direct care to the resident. The staff member stated they were aware of the additional requirements but forgot to don the required eye protection.

The ADOC confirmed staff should be donning and doffing all the additional required PPE when entering a droplet precaution room.

Failure to don and doff additional precaution PPE may have increased the risk of other residents contracting a contagious disease.

Sources: Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022; Infection Control (Last revised: October 2003); observation on Meadow Lane; interviews with the ADOC and other staff.

[706480]