

Ministry of Long-Term Care

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

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: April 8, 2024	
Inspection Number: 2024-1434-0001	
Inspection Type: Critical Incident Follow up	
Licensee: United Mennonite Home for the Aged	
Long Term Care Home and City: United Mennonite Home, Vineland	
Lead Inspector Meghan Redfearn (000765)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 14-15, 2024 March 18-19, 2024 and March 21-22, 2024.

The following Critical Incident (CI) intakes were inspected:

- Intake #00106059/CI #2951-000002-24 - related to Infection Prevention and Control.
- Intake #00107531/Follow-up to Compliance Order #001 from inspection 2023-1434-0004 related to FLTCA, 2021, s. 6 (7) Plan of Care.
- Intake #00108702/CI #2951-000003-24 - related to Infection Prevention and Control.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1434-0004 related to FLTCA, 2021, s. 6 (7) inspected by Meghan Redfearn (000765)

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

Resident Care and Support Services
Infection Prevention and Control

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (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 licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented. According to O. Reg 246/22 s. 102 (2) (b), the licensee shall implement any standard or protocol issued by the Director with respect to IPAC.

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Rationale and Summary

The IPAC Standard for Long-Term Care Homes, revised September 2023, s. 10.1 states the licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). ABHR shall be easily accessible at both point-of care and in other common and resident areas, and any staff providing direct resident care must have immediate access to ABHR that contains 70-90% alcohol concentration.

On a specified date, observations of hand sanitizers were made throughout the home. On one home area, four bottles of hand sanitizer with expiry dates January, 2024 were observed. On another home area, two bottles of hand sanitizer with expiry dates January, 2024 were observed. One bottle of hand sanitizer was observed in the front foyer, next to the visitor sign in book with an expiry date of January, 2024. All bottles were expired.

An administrative staff member stated the guidelines are that expired hand sanitizer should be replaced. Another administrative staff member stated hand sanitizer loses its potency when expired and that they cannot guarantee the sanitizer will kill all the germs it is supposed to after the expiry date. They also stated they can't guarantee that the alcohol concentration is above 70% after the expiry date.

A document provided by an administrative staff member titled Skin Health and Hygiene Solutions from the Inventors of Purrell: Does Hand Sanitizer Expire, dated June 2, 2023 stated expired hand sanitizers are less effective, due to the possibility of evaporation. It also stated that when the active ingredient is less than it's labeled amount, it will not perform as effectively, meaning it may not kill as many germs as it originally did.

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On March 21, 2024, all expired hand sanitizer bottles were removed and replaced.

Sources: Observations of all home area Aloe Med hand sanitizers; Skin Health and Hygiene Solutions from the Inventors of Purrell: Does Hand Sanitizer Expire document; interviews with administrative staff members.
[000765]

Date Remedy Implemented: March 21, 2024

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #002 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)]:

The licensee shall:

- 1) Educate all PSW and RPN's on a resident home area on the Hand Hygiene policy and the importance of providing hand hygiene to residents prior to meals and snacks.
- 2) Keep a written record of the education provided, the dates the training occurred, the names of the staff members who attended, and the name of the person who provided the training.
- 3) Audit hand hygiene during meal service on a home area for a period of three weeks.
- 4) Keep a written record of the audit completed, including dates, names of staff members, who completed the audit and corrective actions taken, if necessary.

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Grounds

1) The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented. According to O. Reg 246/22 s. 102 (2) (b), the licensee shall implement any standard or protocol issued by the Director with respect to IPAC.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, revised September 2023, s. 10.2 (c) stated the hand hygiene program for residents shall include assistance to residents to perform hand hygiene before meals and snacks.

On a specified date, meal service was observed on a resident home area from 1113 hours to 1221 hours. Prior to lunch, residents were observed sitting in the lounge. Staff began bringing residents from the lounge into the dining room. At 1131 hours, seven residents were observed entering the dining room without receiving assistance with hand hygiene. Additional residents entered the dining room after 1131 hours. Assistance with hand hygiene was not observed for any of the residents prior to entering the dining room or prior to receiving their meals.

The home's Hand Hygiene policy stated staff are to ensure resident's hands are washed before entering the dining room.

A registered staff member stated hand hygiene is supposed to be done for each resident prior to coming into the dining room. They stated they did not observe residents receive hand hygiene in the lounge and acknowledged they observed staff bringing residents into the dining room without hand sanitizing. Administrative staff stated that hand hygiene for residents should be completed going in and out of the dining room.

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There was an increased risk of transmitting infection when residents did not receive hand hygiene prior to their meal.

Sources: Observation during meal service on a resident home area; Hand Hygiene policy; interviews with registered staff and administrative staff.
[000765]

2) The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented. According to O. Reg 246/22 s. 102 (2) (b), the licensee shall implement any standard or protocol issued by the Director with respect to IPAC.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, revised September 2023, s. 9.1 (d) states the licensee shall ensure that routine practices and additional precautions are followed in the IPAC program, specifically proper use of personal protective equipment (PPE), including appropriate selection, application, removal, and disposal.

On a specified date, a staff member was observed assisting a resident in the bathroom without wearing a gown. The staff member then assisted the resident into bed. There was a contact precaution sign posted on the wall outside of the room and a yellow PPE caddy hanging from the door, which was stocked with gloves and gowns.

The home's Isolation Precautions: Contact policy stated all care staff are to use contact precautions to provide care to a resident who has an infection that can be transmitted through direct or indirect contact. The precautions must be used to prevent the spread of infection. A chart in the homes Point of Care Risk Assessment

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policy stated gloves and gowns are required during contact with residents on contact precautions during active infection.

The staff member stated they assisted the resident in the bathroom with care. They acknowledged they wore gloves but no gown. They also acknowledged that they are required to wear appropriate PPE when assisting residents on contact precautions.

Administrative staff stated staff are required to wear the appropriate PPE based on the precaution. They stated that if staff are exposed to the infected areas then they should be wearing PPE.

There was an increased risk of transmitting infection when a staff member did not wear a gown while providing care to a resident on contact precautions.

Sources: PPE observations; Isolation Precautions: Contact policy; Point of Care Risk Assessment policy; interviews with a staff member and administrative staff.
[000765]

This order must be complied with by May 15, 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.