Ontario

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

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

Long-Term Care Inspections Branch
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Original Public Report

Report Issue Date: November 21, 2022

Inspection Number: 2022-1444-0001

Inspection Type:
Complaint

Licensee: Parkview Meadows Christian Retirement Village

Long Term Care Home and City: Gardenview Long Term Care Home, Townsend

Lead Inspector	**Inspector Digital Signature**
Adiilah Heenaye (740741)	Adiilah H Heenaye Sumser Digitally signed by Adiilah H Heenaye Sumser Date: 2022.11.23 14:53:56 -05'00'

Additional Inspector(s)
Lesley Edwards (506)

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
November 3-4, 7-10, 2022

The following intake(s) were inspected:

- Intake: #00005995 Complaint with concerns regarding Skin and wound care.

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

Skin and Wound Prevention and Management
Infection Prevention and Control
Residents' Rights and Choices

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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)
O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 (d) that the licensee shall ensure that routine practices were to be followed in the IPAC program which included proper use of PPE, including appropriate selection, application, removal, and disposal; and use of environmental controls, including making hand hygiene products available.

Upon entry into the home, it was identified that home was in a COVID-19 outbreak. A PPE donning and doffing station for visitors was seen near the screening area, including reusable gowns and eye protection glasses. There were no labels to distinguish between clean or soiled reusable gowns and eye protection glasses. There was no hand hygiene product available at that PPE donning and doffing station.

Management verified that there was no hand hygiene product available, and no labels to distinguish between clean and soiled reusable gowns and protective eye wear at that location.

It was later observed the same day, that the donning and doffing station was set up as per the requirements of the IPAC standard.

Sources: Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, Observations, interview with the staff.

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Date Remedy Implemented: November 3, 2022.

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, was implemented.

Rationale and Summary

The IPAC Standard for Long-Term Care Homes, indicated under section 9.1 (e) ii that the licensee shall ensure that routine practices were to be followed in the IPAC program which included the use of engineering controls and the use of barriers.

The screener was observed to be less than two metres of a visitor entering the home and not wearing eye protection or behind a plexiglass barrier. Interview with the screener confirmed that they were not actively using eye protection when screening visitors or when completing Rapid Antigen Tests.

Observation of the screener, later that day confirmed that the screener was wearing protective eye wear.

Sources: Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022, observation and interview of the screener.

Date Remedy Implemented: November 3, 2022
[740741]

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 85 (3) (a)

The licensee has failed to ensure that the revised Residents' Bill of Rights was posted in the home.

Rationale and Summary

During the initial tour of the home, it was observed that the old version of Residents' Bill of Rights under the Long-Term Care Homes Act 2010, was posted in the home. When this was brought up to the home, management removed the old version of the Residents' Bill of Rights and posted the new one the same day.

Sources: observations; interview with staff.

Date Remedy Implemented: November 9, 2022.
[506]

WRITTEN NOTIFICATION: Directives by Minister

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

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 Directives that applies to the long-term care home, the operational Minister's Directive was complied with.

In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes, the Licensee was required to ensure that regular IPAC self-audits are conducted in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario.

Rationale and Summary

The Minister's Directive stated that when the home is not in an outbreak, the home is to conduct regular IPAC self-audits following at a minimum the Public health Ontario (PHO) COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirements Homes, at a minimum every two weeks, and at a minimum once a week when in an outbreak.

Interview with the IPAC lead, confirmed that they were aware of the self-audits but did not have any completed, nor could provide written documentation of any audits completed.

The residents were placed at increased risk of COVID-19 transmission when the staff did not conduct regular IPAC self-audits in accordance with the Minister's Directive COVID-19 response measures for long-term care homes, using the PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes.

Sources: Interview with the IPAC lead, Minister's directives: COVID-19 response measures for long-term care homes April 27, 2022, PHO's COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes. [740741]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (15) 1.

The licensee has failed to ensure that the infection prevention and control (IPAC) lead designated worked regularly in that position on site at the home, with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

Rationale and Summary

Interview with the IPAC lead and record review of staff schedule, confirmed that the IPAC lead did not complete 17.5 hours weekly of dedicated time for IPAC.

The residents were placed at risk for the transmission of infection when the IPAC lead did not perform that function in compliance with specific IPAC provisions within the regulations.

Sources: Interview with the IPAC lead, record review of staff schedule.

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WRITTEN NOTIFICATION: Infection prevention and control program

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (7) 4.

The licensee has failed to ensure that the infection prevention and control lead (IPAC lead) carried out their responsibilities related to auditing of IPAC practices in the home.

Rationale and summary

Additional requirements under section 2.1 of the Infection Prevention and Control (IPAC) Standard for Long Term Care Homes, April 2022 (IPAC Standard) stated that the IPAC lead is to conduct at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to, hand hygiene, selection and donning and doffing of PPE.

Interview with the IPAC lead, confirmed that quarterly audits were not completed related to hand hygiene, selection and donning and doffing of PPE. There were no written records of any IPAC audits.

The IPAC lead has failed to optimize safety in the LTC home to mitigate risk of resident infections, by not performing quarterly audits related to hand hygiene and PPE, as is required by Additional Requirement 2.1 under the IPAC Standard.

Sources: Infection Prevention and Control Standard for Long Term Care Homes, April 2022, interview with staff.

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WRITTEN NOTIFICATION: Reports re critical incidents

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 115 (5)

The licensee has failed to ensure that the Director was immediately informed when an outbreak of a disease of public health significance occurred in the home, specifically a COVID-19 outbreak.

Rationale and Summary
Upon entry into the home, the Long-Term Care Homes (LTCH) Inspectors were informed by management that the home was in a COVID-19 outbreak and that the outbreak was declared by Public Health on a specified date in September 2022.

Interview with management confirmed that the home had not submitted a CIS to the Director immediately when an outbreak occurred in the home.

Sources:
CI # 2961-00001-22, Interview with management.

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WRITTEN NOTIFICATION: Skin and wound care

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

The licensee has failed to ensure that a resident exhibiting altered skin integrity received a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that was specifically designed for skin and wound assessment.

Rationale and summary

Interview with a resident identified that the resident had altered skin integrity.

Staff identified in the clinical record that the resident had an area of altered skin integrity.

A review of the clinical record confirmed that a skin assessment was not completed for the resident.

Management confirmed that an initial skin assessment should have been completed when the resident was first identified with an altered skin integrity.

The resident was at increased risk of infection and deterioration of their altered skin integrity, by registered staff not completing a skin assessment.

Sources: A resident's electronic record, interview with the resident and staff, the licensee's shift report and physician's communication record.

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WRITTEN NOTIFICATION: Plan of care

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to ensure that there is a written plan of care for a resident that set out the planned care for the resident.

Rationale and summary

i.A resident demonstrated responsive behaviours.

The physician's progress notes provided direction to staff related to interventions to use for the resident.

The planned care was included in the progress notes; however, was not set out in the written care plan which all staff were able to access.

ii. A resident had complaints of the home managing their possible diagnosis.

They had a physician's order for the management of their symptoms.

The planned care was included in the physician's order and progress notes; however, was not set out in the written care plan which all staff were able to access.

Staff confirmed that the written care plan did not include the planned care for the resident.

Failure to include all planned care in the plan of care had the potential for staff to be unaware of the care needs of the resident.

Sources: Observation and interview of a resident, clinical record review of a resident, plan of care, interview with staff.

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WRITTEN NOTIFICATION: Plan of care

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

The licensee has failed to ensure that there is a written plan of care for a resident that set out the planned care for the resident.

Rationale and summary

Observation identified that a resident had contact precautions signage posted on their door.

A review of the written care plan, which front line staff used to direct care, did not include the resident's contact precautions or the diagnosis requiring contact precautions.

Interview with staff confirmed that this should have been included in the resident's written care plan.

By the home failing to include the contact precautions in the resident's written care plan, increased the risk of infection spread to other residents.

Sources: Observation, record review of a resident plan of care, interview with staff.
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