Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
130 Dufferin Avenue, 4th floor
LONDON, ON, N6A-5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de London
130, avenue Dufferin, 4ème étage
LONDON, ON, N6A-5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 19, 2014	2014_229213_0039	000038-14	Complaint

Licensee/Titulaire de permis

THE CORPORATION OF THE COUNTY OF MIDDLESEX
c/o Strathmere Lodge, 599 Albert Street, P.O. Box 5000, STRATHROY, ON, N7G-3J3

Long-Term Care Home/Foyer de soins de longue durée

STRATHMERE LODGE
599 Albert Street, Box 5000, STRATHROY, ON, N7G-3J3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 12, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Clinical Coordinator, the Environmental Services Manager, a Clinical Support Nurse, a Registered Nurse, a Registered Practical Nurse, 3 Public Health Nurses and a Family Member.

During the course of the inspection, the inspector(s) made observations, reviewed health records, policies, outbreak measures, death records, and other relevant documentation.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping

Specifically failed to comply with the following:

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,
(ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and
(iii) contact surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures are implemented for cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices: (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs, (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and (iii) contact surfaces as evidenced by:

a) A C Difficile outbreak (#2244-101-14) was declared by the Middlesex London Health Unit (MLHU) on May 29, 2014 at Strathmere Lodge with 2 Residents diagnosed with lab confirmed C Difficile. The MLHU provided the home with Enteric Outbreak Control Measures for C Difficile on May 30, 2014. These recommendations included "Increased routine cleaning (i.e. double cleaning) and disinfecting with sporicidal agent - high level hand contact areas, commode chairs, washrooms; no use of cleaning wands and other spray devices; clean well residents' rooms/bed spaces first" and "Dedicate other resident care equipment when possible - or clean between uses as per manufacturer's instruction".

b) The home's Clostridium Difficile Associated Disease (CDAD) policy #ICC001 indicates: "All horizontal surfaces in the room and all items within reach of residents or used by residents with suspected or confirmed CDAD should be cleaned twice daily with a hospital-grade disinfectant (e.g., Chlorox wipes)" and "Any equipment used in the resident's room temporarily (e.g., mechanical lifts, etc.) should be wiped down with Chlorox wipes immediately after use".

c) Staff interview with the Clinical Coordinator and the Director of Care confirmed that the home was not cleaning the rooms of Residents with lab confirmed C Difficile twice daily. They were aware of the MLHU recommendations and the home's policy regarding double/twice daily cleaning. The Clinical Coordinator and the Director of Care also confirmed that the home switched to Chlorox wipes and began cleaning shared equipment after the second Resident was diagnosed with C Difficile which was suspected to have been contracted in the home.

d) Staff interview with the Environmental Services Manager revealed that they were aware of the home's Clostridium Difficile Associated Disease policy and the MLHU recommendations for twice daily/double cleaning and directed the housekeeping staff to clean the rooms of Residents with lab confirmed C Difficile once daily at the end of the day. [s. 87. (2) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that procedures are implemented for cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices: (i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs, (ii) supplies and devices, including personal assistance services devices, assistive aids and positioning aids, and (iii) contact surfaces, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 107. Reports re critical incidents

Specifically failed to comply with the following:

s. 107. (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (4):
5. An outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of outbreak of a reportable disease or communicable disease as defined in the Health Protection and Promotion Act. O. Reg. 79/10, s. 107 (1) as evidenced by:

a) Record review of an outbreak list provided by email by the Middlesex London Health Unit revealed from January 1, 2011 to December 31, 2014 the following outbreaks were declared at Strathmere Lodge:
i) February 17, 2011 to March 16, 2011 respiratory (pathogen Influenza A) Outbreak #2244-057-11
ii) May 24, 2011 to June 13, 2011 respiratory (pathogen Human metapneumovirus) Outbreak #2244-125-11
iii) June 17, 2011 to June 21, 2011 respiratory (pathogen Rhinovirus) Outbreak #2244 -134-11
iv) December 21, 2011 to January 12, 2012 enteric (pathogen Norovirus) Outbreak #2244-192-11
v) February 16,, 2012 to February 27, 2012 enteric Oubreak #2244-042-12
vi) January 1, 2013 to January 9, 2013 respiratory (pathogens Coronavirus, Enterovirus) Outbreak #2244-183-12
vii) May 29 to present enteric (pathogen C Difficile) Outbreak #2244-101-14

b) A review of the Long Term Care Homes Critical Incident Reporting System revealed the last outbreak reported at Strathmere Lodge was submitted February 17, 2011.

c) Staff interview with the Administrator, the Director of Care and the Clinical Coordinator confirmed the expectation to report outbreaks to the Director and that they have had 6 outbreaks in the home since 2011 and have not reported any of these outbreaks to the Director since February 2011. [s. 107. (1) 5.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of outbreak of a reportable disease or communicable disease, to be implemented voluntarily.

Issued on this 2nd day of July, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs