

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

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jun 8, 2021	2021_605213_0015	005033-21, 006582- 21, 007655-21	Complaint

Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W
0E4

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

McGarrell Place
355 McGarrell Drive London ON N6G 0B1

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

RHONDA KUKOLY (213), CHRISTINA LEGOUFFE (730)

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 1, 2, 3, 4, 2021.

This inspection was completed related to:

log #007090-21, a complaint related to a complaint related to food temperatures and activities

log #006582-21, a complaint related to a medication incident

log #005033-21, a critical incident related to a medication error

Inspection #2021_605213_0014, a critical incident inspection was completed concurrently with this complaint inspection. A finding of non-compliance related to infection control (specifically cleaning high touch surfaces and hand hygiene products), found in the critical incident inspection has been issued in this inspection.

During the course of the inspection, the inspector(s) spoke with the Revera Regional Manager, the Director of Care, the Assistant Director of Care, a Physician, the Nutrition Manager, the Recreation Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, a Housekeeping Aide, a Dietary Aide, Pinkerton Security Staff, residents and family members.

The inspectors also made observations of residents and resident care, cleaning, and reviewed health records, policies and procedures, internal investigation records, employee records, temperature logs, and other relevant documentation.

The following Inspection Protocols were used during this inspection:

Food Quality

Medication

During the course of this inspection, Non-Compliances were issued.

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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

Légende

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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (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, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure the LTC-Food Temperature Checklist included in the Dietary Services program were complied with.

LTCHA s. 11 (1) (a) requires an organized program of nutrition care and dietary services for the home to meet the daily nutrition needs of the residents.

O. Reg 79/10 s. 68 (1) (a) and s. 68 (2) requires that the program includes the development and implementation of policies and procedures related to nutrition care and dietary services.

Specifically, staff did not comply with the home's policy and procedure "LTC- Food Temperature Checklist," with a reviewed date of March 31, 2021.

A complaint was received by the Ministry of Long Term Care which included concerns related to food temperatures.

A resident told an inspector that they had concerns related to the temperatures of foods served in the home, including their dinner meal from the previous night. Temperature reports for three dates indicated that staff had not documented food temperatures in the kitchen and on four out of the five home areas for at least one meal.

The Nutrition Manager (NM) said that it was their expectation that the cooks took the temperatures for foods in the kitchen and dietary staff took temperatures for foods in the home areas and recorded them in the Menu Suite computer software. They said for the dates reviewed the temperatures had not been recorded as per their expectations. As a result of the food temperatures not being recorded, there was an increased risk that

foods would be served at unsafe temperatures.

Sources: LTC-Food Temperature Checklist policy (CARE17-O20.02, last reviewed March 31, 2021); food temperatures records; and interviews with the Nutrition Manager and other staff. [s. 8. (1) (b)]

2. The licensee has failed to ensure that the Revera Covid-19 Playbook and Hand Hygiene policy, as part of the organized program of housekeeping and the Infection Prevention and Control Program, were complied with.

O. Reg 79/10 s. 87 (2) requires the licensee, as part of the organized program of housekeeping to ensure that procedures are developed and implemented for, (a) cleaning of the home, including, (i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and (ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; (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.

O. Reg 79/10 s. 229. (9) requires the licensee to ensure that there is a hand hygiene program in accordance with evidence-based practices in place, and if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents.

Specifically, staff did not comply with the Revera Covid-19 Playbook and Hand Hygiene policy.

The "Revera Covid-19 Playbook" stated: hand hygiene is performed frequently by staff, residents, and visitors, and staff assist residents in performing hand hygiene (before and after meals, before and after providing snacks). It also stated: All high touch areas are disinfected with increased frequency/after use, at a minimum 2 times per day and when soiled. Oxivir TB Wipes/Liquid to be used for high touch cleaning.

The Hand Hygiene policy stated: Use only alcohol-based hand rubs with an alcohol concentration of 70% or greater.

A staff member said that their job was to clean high touch areas on unit only, including hand rails and door handles in the hallways, as that unit had been in Covid-19 outbreak.

They were observed using Purell Hand Sanitizing Wipes containing 62% ethyl alcohol. They said that they didn't choose the cleaning product to use, that the nursing staff provide them with the cleaning product to use.

A registered staff member and the Assistant Director of Care (ADOC) were unaware that the Purell Hand Sanitizing Wipes contained only 62% ethyl alcohol and did not meet the best practice guidelines for hand hygiene or for disinfecting high touch surfaces. Another registered staff member said that Oxivir TB wipes, which are a low-level disinfectant, should have been used for disinfecting high touch surfaces.

Staff were observed assisting residents with hand hygiene before lunch on two units using Purell Hand Sanitizing Wipes. One staff member on one of the units was observed cleaning a tablet with the Purell Hand Sanitizing Wipes.

The Revera Regional Manager (RM) and the Director of Care (DOC) said that that Oxivir TB wipes, which are a low-level disinfectant, should have been used for disinfecting high touch surfaces. They also agreed that the Purell Hand Sanitizing Wipes contained only 62% ethyl alcohol and did not meet the best practice guidelines for hand hygiene.

There was risk to residents when the appropriate disinfectant was not used to clean high touch surfaces during a pandemic. There was also risk to residents when Purell Wipes containing less than 70% alcohol were used for resident hand hygiene.

Sources: The Revera Covid-19 Playbook, the Revera Hand Hygiene policy #IPC2-010.04 with a review date of March 31, 2021, observations of cleaning and cleaning supplies, observations of resident hand hygiene, as well as interviews with a Pinkerton staff member, an RN, an RPN, the DOC, the Revera RM and the ADOC. [s. 8. (1) (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 the LTC-Food Temperature Checklist, the Revera Covid-19 Playbook, and the Hand Hygiene policy are complied with, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following:

s. 131. (1) Every licensee of a long-term care home shall ensure that no drug is used by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 79/10, s. 131 (1).

s. 131. (3) Subject to subsections (4) and (5), the licensee shall ensure that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse. O. Reg. 79/10, s. 131 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug was prescribed for the resident when a resident was administered medications that were prescribed for another resident.

A staff member administered medications that were prescribed to one resident, to the wrong resident. The resident was assessed and treated in the home and although the resident suffered actual harm with a temporary significant change in condition and risk for permanent harm, has since recovered with no lasting negative effects.

Sources: A critical Incident report, observations of medication administration, two medication incident reports, health records for 3 residents, interviews with the Director of Care, Assistant Director of Care, a PSW, a Registered Practical Nurse, a Registered Nurse, a physician, a family member and a resident. [s. 131. (1)]

2. The licensee has failed to ensure that no person administered a drug to a resident in the home unless that person was a physician, dentist, registered nurse or a registered practical nurse when a staff member who was not a physician dentist, registered nurse or registered practical nurse administered medications to a resident.

A staff member who was not a physician dentist, registered nurse or registered practical nurse administered medications that were prescribed to one resident to the wrong resident. The resident was assessed and treated in the home and although the resident suffered actual harm with a temporary significant change in condition and risk for permanent harm, has since recovered with no lasting negative effects.

Sources: A critical Incident report, observations of medication administration, two medication incident reports, health records for 3 residents, interviews with the Director of Care, Assistant Director of Care, a PSW, a Registered Practical Nurse, a Registered Nurse, a physician, a family member and a resident. [s. 131. (3)]

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 no drug is administered to a resident in the home unless the drug is prescribed for the resident and that no person administers a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse, to be implemented voluntarily.

Issued on this 8th day of June, 2021

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

Original report signed by the inspector.