

Original Public Report

Report Issue Date	June 9, 2022		
Inspection Number	2022_1625_0001		
Inspection Type	<input type="checkbox"/> Critical Incident System <input checked="" type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Regional Municipality Of Durham		
Long-Term Care Home and City	Hillsdale Terraces, Oshawa		
Lead Inspector	Jack Shi (#760)	Inspector Digital Signature	
Additional Inspector(s)	Susan Semeredy (#501). The following inspectors: Inspector #751 (Asal Fouladgar), Inspector #741721 (Sharon Connell), Inspector #741748 (Sheri Williams) were also present during this inspection.		

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 31, June 1, 2, 3, 6, 7, 2022.

The following intake(s) were inspected:

- Two intakes related to a fall with a significant change in condition
- An intake related to allegations of neglect, falls and significant change in condition.
- A Follow up to Compliance Order (CO) #001 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 71 (3) with a compliance due date of March 2, 2022.
- A Follow up to Compliance Order (CO) #002 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 73 (1) 10 with a compliance due date of March 2, 2022.
- A Follow up to Compliance Order (CO) #003 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 73. (2) (b) with a compliance due date of March 2, 2022.
- A Follow up to Compliance Order (CO) #004 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 73. (1) (6) with a compliance due date of March 2, 2022.
- A Follow up to Compliance Order (CO) #005 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 73. (1) 11 with a compliance due date of March 2, 2022.

- A Follow up to Compliance Order (CO) #006 issued on February 9, 2022 under Inspection Report # 2022_673672_0001 related to the Ontario Regulation 79/10, s. 229 (4) with a compliance due date of March 2, 2022.

Previously Issued Compliance Order(s)

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

Legislative Reference		Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10	s. 229 (4)	2022_673672_0001	006	760
O. Reg. 79/10	s. 71(3)	2022_673672_0001	001	501
O. Reg. 79/10	s.71(1)(10)	2022_673672_0001	002	501
O. Reg. 79/10	s.73(2)(b)	2022_673672_0001	003	501
O. Reg. 79/10	s.73(1)(6)	2022_673672_0001	004	501
O. Reg. 79/10	s.73(1)(11)	2022_673672_0001	005	501

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

- Falls Prevention and Management
- Food, Nutrition and Hydration
- Infection Prevention and Control (IPAC)
- Resident Care and Support Services
- Residents’ Rights and Choices

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)

<p>O. Reg. 246/22 s. 102 (2) (b)</p> <p>The licensee failed to ensure that the infection prevention and control (IPAC) standard issued by the director was followed as it relates to ensuring all the hand hygiene agents are at least 70-90%.</p> <p>Rationale and Summary</p> <p>Inspectors observed a number of expired hand hygiene agents located on two resident units. The IPAC Lead stated that the alcohol percentage in the hand hygiene agents cannot be maintained at 70-90% if the product is expired.</p>
--

After the observations were brought to the home's attention, the administrator stated that the home has developed a process to ensure that the hand hygiene agents are reviewed in the home to ensure they do not become expired. Furthermore, housekeepers were observed on the unit removing the expired hand hygiene products from the units and replacing them with ones that were not expired. There was low risk and harm to the residents as there were other products used in the home that was not expired.

Date Remedy Implemented: May 31, 2022 [760]

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

FLTCA, 2021 s. 3 (1) 18

The licensee failed to ensure a resident had their right to be afforded privacy in treatment and in caring for their personal needs.

Rationale and Summary

The resident was observed in a private area while they were engaged in their personal care. The curtains were not fully closed and the resident could be seen from a public area. The DOC and an RPN stated that the curtains should have been fully closed to protect the resident's privacy.

The staff acknowledged that the curtain needed further repairs and a referral was sent to the maintenance staff to address this. The curtain was closed by a PSW after it was brought to their attention at the time of this observation. There was no impact or risk to the resident, as they did not appear to be distressed when their privacy curtain was not fully closed.

Date Remedy Implemented: May 31, 2022 [760]

WRITTEN NOTIFICATION [REPORTS OF CRITICAL INCIDENTS]**NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1**

Non-compliance with: O. Reg. 246/22 s.115(5)(2)iii

The licensee has failed to ensure that the Critical Incident (CI) report submitted to the Director included the names of the staff members responding to the incident related to a resident.

Rationale and Summary

The home submitted a CI report to the Director related to a fall sustained by a resident. A review of the report indicated the names of the staff members responding to the incident were not included. An interview with the RCC acknowledged that initials were provided of the staff members but not full names.

Sources: A CI report and interview with RCC. [501]