

Original Public Report

Report Issue Date **October 26, 2022**
Inspection Number **2022_1458_0001**
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
St. Joseph's Health System

Long-Term Care Home and City
St. Joseph's Villa, Dundas

Choose an item.
Yuliya Fedotova (632)

Inspector Digital Signature

Additional Inspector(s)
Tracey Delisle (714863)

INSPECTION SUMMARY

The inspection occurred on the following date(s): September 12-14, October 4-6, 11, 2022.

The following intake(s) were inspected:

- log #010797-21 (CIS #2975-000017-21) related to fall,
- log #017241-22 (Complaint) related to air temperature in the home.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)
- Safe and Secure Home

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were findings of non-compliance.

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

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

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 was required to implement any standard or protocol issued by the Director with respect to IPAC.

The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 6.1 Additional Requirement under the Standard indicated that the licensee should make Personal Protective Equipment (PPE) available and accessible to staff appropriate to their role and level of risk.

On a day in September 2022, it was observed that there were no gowns available in yellow PPE bags used for specified residents' rooms in the home.

The IPAC Educator confirmed that gowns were to be available in yellow PPE bags for specified rooms.

Infection Control Manual Policy - Routine Practices indicated that precautions with all residents and staff should include consistent and appropriate use of Personal Protective Equipment.

Two days later, it was observed that gowns were available in yellow PPE bags for the specified rooms.

There was minimal risk of impact on the infection prevention and control for residents in the home as there were no gowns available for the specified rooms on a day in September 2022.

Sources: Infection Control Manual Policy #: POL-01, Routine Practices (last revised March 22, 2022); observations; interviews with the IPAC Educator, RPN #103 and the RCM #2.

Date Remedy Implemented: September 14, 2022

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WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

NC#02 Written Notification pursuant to FLTCA, 2021, s. 154(1)1 Non-compliance with: O. Reg. 246/22 s. 102 (2) b

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 9. Routine Practices and Additional Precautions indicated that 9.1 The licensee should ensure that Routine Practices and Additional Precautions were followed in the IPAC program related to d) Proper use of Personal Protective Equipment (PPE), including appropriate selection, application, removal, and disposal.

Rationale and Summary

On a day in September 2022, it was observed that a Personal Support Worker (PSW) did not appropriately remove their PPE after providing continence care to a resident in a specified home area.

A Registered Nurse (RN) confirmed that doffing PPE should be done at the point of care. The IPAC lead confirmed that doffing was to be at the door outside the resident's room on additional precautions.

The home's Infection Control Manual Policy for routine practices indicated that precautions with all residents and staff should include consistent and appropriate use of PPE.

There was minimal risk of impact on the infection prevention and control for residents in the home as the staff did not doff their PPE at the point of care for the resident.

Sources: Infection Control Manual Policy #: POL-01, Routine Practices (last revised March 22, 2022); observations; interviews with an RN and the IPAC Lead.

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WRITTEN NOTIFICATION AIR TEMPERATURE

NC#03 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24 (2)1

The licensee has failed to ensure that the temperature was measured and documented in writing in 1. At least two residents' bedrooms in different parts of the home.

Rationale and Summary

Resident home area temperature logs did not identify that the temperature was measured and documented in at least two residents' bedrooms in different parts of the home on some days in August and in September 2022 in the home, which was confirmed by the Manager of Maintenance Engineering and Environmental Services.

Sources: Resident home area temperature logs; interview with the Manager of Maintenance Engineering and Environmental Services and other staff members.

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WRITTEN NOTIFICATION AIR TEMPERATURE

NC#04 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 24 (3)

The licensee has failed to ensure that temperature required to be measured in at least two residents' bedrooms in different parts of the home was documented at least once every evening or night.

Rationale and Summary

Resident home area temperature logs did not identify that the temperature was measured and documented at least once every evening or night in July-September 2022, in all residents' rooms in the home, which was confirmed by the Chief Operating Officer (COO).

There was a minimum risk to the residents as the temperature in the residents' rooms in the home was not documented at least once every evening or night.

Sources:

Resident home area temperature (resident's rooms) logs July-September 2022; interviews with the COO and other staff members.

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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,

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

Hamilton Service Area Office
119 King Street West, 11th Floor
Hamilton ON L8P 4Y7
Telephone: 1-800-461-7137
HamiltonSAO.moh@ontario.ca

- (a) the portions of the order or AMP in respect of which the review is requested. Please include the inspection report # and the order or AMP #;
- (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
email: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- registered mail, is deemed to be made on the fifth day after the day of mailing
- email, is deemed to be made on the following day, if the document was served after 4 p.m.
- 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:

- An order made by the Director under sections 155 to 159 of the Act.
- An AMP issued by the Director under section 158 of the Act.
- 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:

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
email: 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.



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

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