

**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**Central East Service Area Office
33 King Street West, 4th Floor
OSHAWA ON L1H 1A1
Telephone: (905) 440-4190
Facsimile: (905) 440-4111Bureau régional de services de
Centre-Est
33, rue King Ouest, étage 4
OSHAWA ON L1H 1A1
Téléphone: (905) 440-4190
Télécopieur: (905) 440-4111**Public Copy/Copie du rapport public**

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 21, 2022	2022_598570_0002	016349-21, 017503- 21, 019850-21, 020320-21	Complaint

Licensee/Titulaire de permisGlen Hill Terrace Christian Homes Inc.
200 Glen Hill Drive South Whitby ON L1N 9W2**Long-Term Care Home/Foyer de soins de longue durée**Glen Hill Terrace
80 Glen Hill Drive Whitby ON L1N 7A3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SAMI JAROUR (570), BRITNEY BARTLEY (732787), CATHERINE OCHNIK (704957)

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): February 22, 23, 24, 25, 28, March 1, 2, 3, 2022

The following intakes were inspected during this Complaint inspection:

Log #016349-21, related to concerns with staffing, neglect, bathing, housekeeping, and infection prevention.

Log #017503-21, related to concerns with housekeeping and infection prevention

Log #019850-21, related to concerns with hot temperatures in the the home.

Log #020320-21, related to concerns with concerns with an injury of unknown cause.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Quality and Innovation, Director of Care (DOC), Assistant Director of Care (ADOC), Environmental Manager, Food Services Manager (FSM), Registered Dietitian (RD), Personal Support Workers (PSW), Registered Nurses (RN), Registered Practical Nurses (RPN), Dietary Supervisor, Dietary Aides, Support Aides, Activity Aide, Housekeeping Staff, Residents and Substitute Decision Makers.

During the course of the inspection, the inspector(s) observed infection prevention and control practices, resident and staff interactions; conducted resident observations, dining observation; reviewed health records, menus and relevant policies.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Infection Prevention and Control

Pain

Personal Support Services

Safe and Secure Home

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

**1 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**Specifically failed to comply with the following:****s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).****Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participate in the implementation of the Infection Prevention and Control program.

An observation of a unit on suspected outbreak. Support aide #111 was seen in resident #025's room who was on droplet contact precaution wearing only a blue face mask. Support aide #111 noted they were unaware of the resident's isolation status. During discussion, RN #110 told support aide #111 that droplet contact PPE should be worn when entering the resident #025's room as there was an additional precaution sign posted on the door.

Record review of resident #025's plan of care, they were identified as a close contact of a positive case. An interview with the IPAC lead #118 confirmed staff are to put on droplet contact PPE when entering a droplet contact isolation room.

Sources: Observations, interviews with support aid #111, RN #110 and IPAC lead #118. Directive #3 (version effective as of December 24, 2021).

2. An observation of staff screening room, seven persons in the staff screening room with a capacity of five posted on the door. Interview with the IPAC lead #118 staff are to follow the rooms capacity limit. Inspector observed some staff who completed their rapid testing but did not wait for their results. Some staff threw away their test results without showing screener #114 the test results.

The home screening process consists of staff completing a pre-screening questionnaire before the start of their shifts. Staff are to show the screener their completed pre-screening clearance at the entrance. On observation, staff were only signing their names and signatures.

An interview with the IPAC lead #118 confirmed staff are to follow the homes screening process when entering home, the COVID guidelines and Directive #3.

Not following the COVID-19 screening process and IPAC guidelines presents a risk of exposing residents to COVID-19.

Sources: Observations, interviews with screener #114, IPAC lead #118, Directive #3 (version effective as of December 24, 2021), Minister's Directive: COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes (effective December 17, 2021), Home policy VIII E- 10.12 Coronavirus Screening (version effective as of October 2021) and On-line staff First Screen Self Assessment tool.

3. RPN #119 was observed wearing two blue face masks. Interview with the IPAC lead #118 said RPN #119 was to wear one face mask.

Sources: Observations, interviews with IPAC lead #118 and RPN # 119. Directive #3 (version effective as of December 24, 2021).

4. RN #120 was seen wearing a gown and two face masks while sitting at the nursing station. Interview with the IPAC lead #118 said RPN #120 was to wear one face mask.

Sources: Observation, interviews with RN #120, IPAC lead #118 and Directive #3 (version effective as of December 24, 2021). [s. 229. (4)]

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 ensure that all staff participate in the implementation of the Infection Prevention and Control program, to be implemented voluntarily.

Issued on this 22nd day of March, 2022

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

Original report signed by the inspector.