

**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 24, 2021	2021_899609_0001	007167-21	Critical Incident System

Licensee/Titulaire de permis

Corporation of the County of Elgin
450 Sunset Drive 3rd Floor, Suite 303 St Thomas ON N5R 5V1

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

Bobier Villa
1 Bobier Lane Dutton ON N0L 1J0

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

CHAD CAMPS (609), AMIE GIBBS-WARD (630)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): June 15-17, 2021.

One intake was completed within this inspection related to a fall of a resident.

An Infection Prevention and Control (IPAC) and a cooling requirements inspection were also completed.

During the course of the inspection, the inspector(s) spoke with residents, the Director of Care/IPAC Lead (DOC), Environmental Services Manager, Public Health Nurses (PHNs), Registered Nurses (RNs) Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Maintenance Staff, Housekeeping Staff and Screeners.

The inspectors also conducted a daily tour of the home, observed resident rooms and common areas, observed IPAC practices within the home, observed residents and the care provided to them, reviewed health care records, plans of care for identified residents, temperature records and relevant policies and procedures of the home.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

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).

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

Findings/Faits saillants :

1. The licensee has failed to ensure that PSW #109 participated in the implementation of the infection prevention and control (IPAC) program.

Inspector #609 observed lunchtime on a particular wing, where PSW #109 did not perform hand hygiene (HH) between handling dirty dishes (potential body fluid exposure) and serving dessert or handling dirty dishes and assisting residents to eat. The home's HH policy required staff to perform HH before serving food and before feeding residents. PSW #109 indicated that they should have performed HH between serving and feeding residents, but admitted that they had forgotten. The DOC verified that HH should have been performed after PSW #109 handled dirty dishes and prior to serving food or feeding residents.

PSW #109 failed to participate in the implementation of the home's IPAC program which presented actual risk to residents.

Sources: Observations of lunch meal service on a particular wing, the home's HH policy #2.3 "Hand Hygiene" last revised March 2021, the JCYH Implementation Guide, interviews with PSWs #109 and the DOC. [s. 229. (4)]

2. The licensee failed to ensure that a hand hygiene (HH) program was in place in accordance with the Ontario evidenced-based HH program, "Just Clean Your Hands" (JCYH) related to staff assisting residents with HH before meals.

During two lunchtimes, Inspector #609 observed that residents of a particular wing were brought into the dining room and served their lunch prior to performing HH. During another lunchtime, residents of a different wing were brought to the dining room and

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served their lunch prior to performing HH. Specifically, residents #004, #006, #007 were seen touching objects in their rooms for 30 minutes prior to lunch, who were then brought by staff to the dining room, where they fed themselves their meals without prior HH.

Staff indicated that only residents as part of toileting before meals, would have had their hands cleaned. The home's HH policy indicated that it was based on the JCYH program yet did not have a process for assisting residents' clean hands before meals. The DOC verified that residents should have had assistance with HH prior to meals.

There was minimal risk to residents for the failure of the HH program to have a process for assisting residents to clean their hands prior to meals in accordance with the evidenced-based JCYH program.

Sources: Observations of residents on two wings, the home's HH policy #2.3 "Hand Hygiene" last revised March 2021, the JCYH Implementation Guide, interviews with residents #004 and #005, PSWs #109 and #114, RPN #111, RN #115, PHN #112 and the DOC. [s. 229. (9)]

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 PSW #109 participates in the implementation of the infection prevention and control (IPAC) program and that a hand hygiene (HH) program is in place in accordance with the Ontario evidenced-based HH program, "Just Clean Your Hands" (JCYH) related to staff assisting residents with HH before meals, to be implemented voluntarily.

Issued on this 24th day of June, 2021

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

Original report signed by the inspector.