

Ministry of Long-Term Care Long-Term Care Operations Division Long-Term Care Inspections Branch London Service Area Office 130 Dufferin Ave, 4th Floor London ON N6A 5R2 Telephone: 1-800-663-3775 LondonSAO.moh@ontario.ca

Original Public Report

Report Issue Date	July 15, 2022	
Inspection Number	2022_1045_0002	
Inspection Type		
☐ Critical Incident Syste	em 🗆 Complaint 🖂 Follow-U	p ☐ Director Order Follow-up
☐ Proactive Inspection	□ SAO Initiated	☐ Post-occupancy
☐ Other		
Licensee Revera Long Term Care	e Inc.	
Long-Term Care Home Hillside Manor, Stratford	•	
Lead Inspector Debbie Warpula (577)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 6, 7, 8, 11, 2022

The following intake(s) were inspected:

 Intake #008772-22. Follow-up to CO #001 from inspection #2022_1552_0001 regarding s. 6 (7), CDD June 10, 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. 246/22 s. 6 (7)	2022_1552_0001	001	Debbie Warpula

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

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



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INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable.

WRITTEN NOTIFICATION [INFECTION PREVENTION AND CONTROL]

NC#001 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 11 (1) a

The licensee has failed to ensure that their hand hygiene (HH) program policy was in compliance with all applicable requirements under the Act.

Rationale and Summary

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes dated April 2022, states the licensee is required to ensure that there is in place a hand hygiene program which includes support for residents to perform hand hygiene prior to receiving meals and snacks.

Observations of a meal service on a specified date, noted that staff were not assisting residents with HH prior to a meal service.

During an interview with a PSW, they advised that only a few residents were provided with HH; another PSW advised that they did not assist any residents with HH prior to lunch.

During an interview with the Infection Prevention and Control (IPAC) Manager, they acknowledged that the home did not have a policy for resident HH, and it was an expectation that staff provide HH for residents before and after meals.

Sources: Review of the home's electronic 'bulletin board', the home's 'Routine Practices and Additional Precautions' policy (IPC2-P10, revised March 31,2022), observations of a meal service, an interview with the IPAC Manager and other staff. [577]