

Original Public Report

Report Issue Date July 19, 2022
Inspection Number 2022_1560_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
Corporation of the County of Huron.
Long-Term Care Home and City
Huronview Home for the Aged, Clinton.

Lead Inspector
Ali Nasser (#523)

Inspector Digital Signature

Additional Inspector(s)
Loma Puckerin (#705241)

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 13, 14 and 15, 2022.

The following intake(s) were inspected:

- Log #008953-22, CIS #M541-000011-22 related to resident receiving incorrect medications.
- Log #000255-22, CIS #M541-000001-22 related to allegations of resident to resident abuse.

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

- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Responsive Behaviours

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)

Non-compliance with: O. Reg. 246/22 s. 102 (2)(b)
 The licensee has failed to ensure the implementation of the standard issued by the Director with respect to infection prevention and control.

Rationale and Summary
 Specific infection prevention and control items were noted during the inspection to be expired.

The home immediately replaced the expired products when it was brought to their attention. They designated a staff member to check all the items for the expiry dates and to visibly display the expiry date.

The Administrator informed the inspectors they were working on a process to track and to rotate the products within the home so there was no reoccurrence of expired products being used.

Date Remedy Implemented: July 13, 2022
 [705241]

WRITTEN NOTIFICATION [ADMINISTRATION OF DRUGS]

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 140 (2)
 The licensee has failed to ensure that drugs were administered to residents in accordance with the direction for use specified by the prescriber.

Rationale and Summary
 The home submitted to the Ministry of Long-Term Care a Critical Incident System (CIS) Report related to a medication incident and adverse drug reaction. The CIS indicated that a specific resident was administered the wrong medication.

A clinical record review for the specific resident, showed the resident was administered the wrong medication.

In interviews the RPN and ADOC said the resident was not administered their specific medication as specified by the prescriber.

Sources: clinical records, CIS and staff interviews
 [#523]

WRITTEN NOTIFICATION [INFECTION PREVENTION AND CONTROL PROGRAM]

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021 s. 23(4)

The licensee has failed to ensure that the home had an infection prevention and control (IPAC) lead whose primary responsibility was the home's IPAC program.

Rationale and Summary

Section 102 (15) of Ontario Regulation 246/22 specified a home, with a licensed bed capacity of more than 69 beds but less than 200 beds, was required to have a designated IPAC lead who works regularly on site at the home for at least 26.25 hours per week. Huronview Home for the Aged was a 120 bed facility.

During an interview, the Administrator confirmed the home did not have an IPAC lead whose primary responsibility was the home's IPAC program.

There was potential risk of harm in the home by not having a dedicated infection control lead as the home's Self assessment audits were not being completed as per directive and bottles of expired products were found in the home.

Sources: Interviews with the administrator and the ADOC #101 [705241]

WRITTEN NOTIFICATION [INFECTION PREVENTION AND CONTROL PROGRAM]

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22 s. 102 (2) (a)

The licensee has failed to ensure that any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance was implemented.

Rationale and Summary

Effective April 27, 2022, the Minister of Long-Term Care issued Minister's Directive, COVID-19 response measures for long-term care homes that included the following:

"1.1 COVID-19 outbreak preparedness plan:

Licensees, in consultation with their joint health and safety committees or health and safety representatives if any, shall ensure measures are taken to prepare for and respond to a COVID-19 outbreak, including ensuring the development and implementation of a COVID-19 Outbreak Preparedness Plan. This plan must include at a minimum:
 conducting regular IPAC audits (PDF) in accordance with the COVID-19 Guidance Document for Long-Term Care Homes in Ontario (PDF), or as amended."

The COVID-19 guidance document for long-term care homes in Ontario, under Infection prevention and control (IPAC) practices, IPAC Audits it stated "Homes must complete IPAC audits every two weeks unless in outbreak. When a home is in outbreak IPAC audits must be completed weekly."

In interviews ESM and ADOC said they had not been completing the audits as required.

ADOC said that the IPAC Self-Assessment Audit Tool for Long-term Care Homes was not completed as per Minister's directive.

Sources: Minister's Directive, IPAC Audits, and interviews
[#523]