

Original Public Report

Report Issue Date June 6, 2022
Inspection Number 2022-1556-0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
The Regional Municipality of Halton

Long-Term Care Home and City
Allendale, Milton

Lead Inspector
Barbara Grohmann (720920)

Inspector Digital Signature

Additional Inspector(s)
Inspector #649 (Julie Hing) was present during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 17-20, 24-25, 2022.

The following intake(s) were inspected:

- Log #001877-22 (CIS # M536-000004-22) related to falls prevention and management.

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

INSPECTION RESULTS**WRITTEN NOTIFICATION: EMERGENCY PLANS – CMOH AND MOH****NC#01 Written Notification pursuant to FLTCA, 2021, s. 154(1)1****Non-compliance with: O. Reg. 246/22 s. 272**

The licensee has failed to ensure to ensure that all applicable directives issued by the Chief Medical Officer of Health (CMOH) were following in the home, specifically staff and visitors wearing PPE in accordance with additional precautions.

Rationale and Summary

CMOH Directive #5 stated that droplet and contact precautions must be used by health care workers for all interactions with suspected, probably or confirmed COVID-19 residents, which included gloves, face shields or goggles, gowns, and surgical masks.

A COVID-19 outbreak was declared and several resident rooms were placed on droplet precautions.

The home's Precaution Systems policy indicated that for droplet precautions, gloves and a gown must be worn when entering a resident's room and eye protection within two metres of the resident. The PPE policy stated that prescription eyeglasses alone were not acceptable eye protection.

- i) Two PSWs were observed exiting a room on droplet precautions not wearing eye protection. One of the PSWs stated that they were wearing their prescription eyeglasses and that the resident was not symptomatic.
- ii) A visitor was observed entering a room that was on droplet precautions wearing only a surgical mask. The visitor was offered a gown by a PSW prior to entering the room and they refused. The visitor acknowledged that they did not wear the appropriate PPE for the visit and said they were not staying long. The visitor was within two metres of the resident. No other staff spoke to the visitor prior to them leaving the resident home area.
- iii) A PSW was observed entering a room on droplet precautions wearing a surgical mask and face shield while they delivered a lunch tray. The PSW was within two metres of the resident and did not wear a gown or gloves that were required for droplet precautions. The PSW donned the required PPE prior to delivering a tray to another room on droplet precautions but doffed their gloves before assisting with feeding.

The IPAC lead stated that visitors received training on PPE and if a visitor refused to wear PPE, the staff were to report it to the nurse so the nurse could speak with them. They also said

that whether residents were symptomatic or asymptomatic, full PPE was to be worn by staff when entering a room on droplet precautions.

Failure of staff and visitors to wear the appropriate PPE in accordance with additional precautions had the risk of transmitting infectious organisms to other staff, residents and/or visitors.

Sources: observations; Respiratory Outbreak Line Listing (Outbreak Number: 2236-2022-63900) and meeting minutes, Personal Protective Equipment (PPE) (ICP 03-03-03, September 19, 2022), Precaution Systems (IPC 03-03-01, February 2020), CMOH Directive #5 (December 22, 2021); interviews with IPAC lead and other staff. (720920)

COMPLIANCE ORDER CO#001: INFECTION PREVENTION AND CONTROL PROGRAM

NC#02 Compliance Order pursuant to FLTCA, 2021, s.154(1)2

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

The Inspector is ordering the licensee to:

FLTCA, 2021, s. 155 (1) (a) do anything, or refrain from doing anything, to achieve compliance with a requirement under this Act

Compliance Order [FLTCA 2021, s. 155 (1)]

The Licensee has failed to comply with O. Reg. 246/22 s. 102 (2)(b)

The licensee shall:

- a) Ensure that the home's Hand Hygiene Program included hand hygiene and hand care support for residents as outlined in the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes.
- b) Perform resident hand hygiene audits to ensure all residents are encouraged or supported to perform hand hygiene prior to meals.
- c) The audits are to be completed weekly, at minimum, and for a period of three months or until such time as hand hygiene is consistently being encouraged and/or performed.
- d) The audits must be documented and identify the person who completed the audit, the date of the audit, and any actions taken if required.

Grounds

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

The licensee has failed to ensure the implementation of any standard, or protocol issued by the Director with respect to infection prevention and control, specifically that the infection prevention and control (IPAC) program included policies and procedures to support residents with hand hygiene prior to receiving meals.

Rationale and Summary

Section 10.4 (h) and (i), of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes stated the hand hygiene program shall include policies and procedures to support residents to perform hand hygiene prior to receiving meals, including those who have difficulty completing hand hygiene due to mobility, cognitive or other impairments. The home's hand hygiene program did not include a procedure for staff to support residents with hand hygiene prior to meals.

- i) A PSW was observed providing hand sanitizer to half of the residents in the dining room prior to their meal. Residents who arrived later to the dining room or required assistance with eating were not supported with hand hygiene.
- ii) A PSW provided lunch trays to residents who were on isolation due to COVID-19 or received tray service as their preference. Hand hygiene was not offered or encouraged to those residents prior to receiving their meal. The PSW acknowledged that residents should have hand hygiene, especially if they were in outbreak but confirmed that they had not provided hand hygiene to any resident receiving a lunch tray on that day.

The IPAC lead stated resident hand hygiene before and after meals was not consistent in the different resident home areas. They said that the home was rolling out a new hand hygiene program and resident hand hygiene before and after meals would be a part of that.

Failure to have a hand hygiene program in place in accordance with the IPAC Standard and implementing it consistently may have increased the risk of transmitting disease-causing or infectious organisms.

Sources: observations; IPAC Standard for Long-Term Care Homes (April 2022), Hand Hygiene Policy (IPC 03-03-02, January 2021), Hand Hygiene Program document; interviews with the IPAC lead and other staff. (720920)

This order must be complied with by July 15, 2022

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,

- (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:



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

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

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.