

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 12, 2021	2021_890758_0016	010045-21	Critical Incident System

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**Licensee/Titulaire de permis**

Chartwell Master Care LP  
7070 Derrycrest Drive Mississauga ON L5W 0G5

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

Chartwell Elmira Long Term Care Residence  
11 Herbert Street Elmira ON N3B 2B8

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

DANIELA LUPU (758)

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**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): September 27-29, October 1, and 4-5, 2021.**

**The following intake was completed in this Critical Incident (CI) inspection:**

**Log #010045-21, related to falls prevention and management.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC)/Infection Prevention and Control (IPAC) Lead, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), a housekeeping staff, a screener and residents.**

**The inspector(s) toured the home, observed staff to resident interactions, meal services and infection prevention and control practices. They also reviewed clinical records, the home's policies and procedures, and documents pertinent to the inspection.**

**Inspector Sherri Cook #633 was also present for this inspection.**

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

**Falls Prevention**

**Infection Prevention and Control**

**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 staff participated in the implementation of the home's Infection Prevention and Control (IPAC) program, in relation to appropriate usage

of Personal Protective Equipment (PPE) and performing hand hygiene for staff and visitors, when required.

On March 17, 2020, the Premier of Ontario and Cabinet issued a COVID-19 emergency in the Province of Ontario under the Emergency Management and Civil Protection Act.

On March 22, 2020, Directive #3 was issued and revised on July 16, 2021, to all Long-Term Care Homes (LTC Homes) under the Long-Term Care Homes Act (LTCHA), 2007, under section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O. 1990, c H.7 by the Chief Medical Officer of Health (CMOH) of Ontario. An urgent requirement was made for LTC Homes to implement measures to protect residents, staff and visitors, including appropriate use of PPE and adherence to hand hygiene practices.

A) At the time of this inspection, one resident was on droplet and contact precautions for reasons related to Directive #3.

Public Health Ontario (PHO) signage and Regional Infection Control Network, Waterloo-Wellington Droplet and Contact precautions signage were posted on the door of this resident's room. The signage directed staff to wear eye protection before entering the room and when they were within two meters of this resident.

On one occasion, a Personal Support Worker (PSW) did not wear an eye protection prior to entering this resident's room and when they were within two meters of the resident.

The home's DOC/IPAC Lead said staff should wear eye protection when entering a room where droplet contact precautions were in place and follow the signage posted on the resident's door.

Sources: observation of staff PPE use, Regional Infection Control Network, Waterloo-Wellington Droplet and Contact precaution signage, PHO-Putting On PPE Steps, Directive #3 (July 2021), the home's COVID-19 policy, resident's progress notes and interviews with DOC/IPAC Lead and PSW.

B) The home's COVID-19 policy, documented that all indoor visitors were required to don a surgical mask provided by the home, at all times for the entire duration of their visit. The mask should cover their mouth and nose.

On occasion, a caregiver was wearing a cloth face mask while sitting with two residents.

On the same day, a different caregiver was observed with their surgical mask below their nose while in close proximity of a resident.

On a separate occasion, another caregiver was wearing a cloth face mask when exiting the home through the main entrance with a resident.

The home's DOC/IPAC Lead said that all visitors should wear a surgical mask for indoor visits which would be provided by the screener at the entrance.

Sources: observations of dining service and screening, observation of a resident's room, Directive #3 (July 2021), the home's COVID-19 policy (September 2021), and an interview with DOC/IPAC Lead.

C) PHO Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, documented hand hygiene should be performed before preparing, handling medications to a resident and after resident environment contact, such as touching monitors.

The home's hand hygiene policy, indicated that staff should perform hand hygiene before aseptic procedures. The policy also indicated that staff and visitors should complete hand hygiene before and after contact with the residents and their environment and after removing gloves.

i) On one occasion, during the lunch medication pass, a Registered Practical Nurse (RPN) did not perform hand hygiene after administering medications to a resident in their room. They touched the medication cart and the screen and did not perform hand hygiene before preparing medications for a different resident.

The home's DOC/IPAC Lead said preparing medications was an aseptic procedure and hand hygiene should be completed before preparing medications. They also said staff should perform hand hygiene when handing residents' medications and before going to the next resident.

ii) On a separate occasion, a caregiver did not perform hand hygiene after touching soiled dishes and cutlery and before touching two residents. They also did not perform hand hygiene before and after contact with the two residents' assistive devices.

iii) On a different occasion, a staff member did not perform hand hygiene after removing

their gloves and assisting a resident from the bathroom to the lounge area.

The home's DOC/IPAC Lead said that hand hygiene should be completed after removing soiled gloves and before contact with the resident and the resident's environment.

Gaps in the implementation of the home's infection prevention and control program increased the risk of possible exposure and transmission of viruses and bacteria to residents, staff and visitors throughout the home.

Sources: observation of medication pass, screening and meal service, PHO Provincial Infectious Diseases Advisory Committee (PIDAC), Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, (April 2014), the home's hand hygiene policy (March 2020), and interviews with DOC/IPAC Lead and RPN. [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 to ensure that staff participate in the implementation of the home's Infection Prevention and Control (IPAC) program, to be implemented voluntarily.***

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Issued on this 13th day of October, 2021

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

**Original report signed by the inspector.**