

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**  
119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137  
hamiltondistrict.mlrc@ontario.ca

**Original Public Report**

<b>Report Issue Date:</b> December 13, 2022	
<b>Inspection Number:</b> 2022-1567-0001	
<b>Inspection Type:</b> Follow up	
<b>Licensee:</b> The Regional Municipality of Niagara	
<b>Long Term Care Home and City:</b> Linhaven, St Catharines	
<b>Lead Inspector</b> Yuliya Fedotova (632)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Adiilah Heenaye (740741)	

**INSPECTION SUMMARY**

The Inspection occurred on the following date(s): November 28-30, 2022.

The following intake(s) were inspected:  
Intake #00005129 - Follow-Up (FU) to Compliance Order (CO) #001 from inspection #2021\_820130\_0014/008910-21, 008985-21, 011454-21, 011619-21, 012748-21, 017266-21 regarding s. O. Reg. 79/10, s. 131 (2), Compliance Due Date (CDD) April 29, 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. 79/10	s. 131 (2)	2021_820130_0014	001	740741

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

Infection Prevention and Control  
Staffing, Training and Care Standards

## 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)**

O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with respect to IPAC.

A) The IPAC Standard for Long-Term Care Homes (LTCHs), dated April 2022, section 6.1 Additional Requirement under the Standard indicated that the licensee should make Personal Protective Equipment (PPE) available and accessible to staff appropriate to their role and level of risk.

It was observed that there were no gowns available in the morning in yellow Personal Protective Equipment (PPE) bag for a specified room in the home. A Registered Practical Nurse (RPN) confirmed the PPE bag needed to be refilled with the gowns. On the same day, the RPN refilled the PPE bag with the gowns for the specified room.

The next day, it was observed that gowns were available in the PPE bag for the specified room.

Sources: Prevention Measures Policy; observations; interviews with an RPN and other staff.

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Date Remedy Implemented: November 28, 2022

**NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)**

O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the standard issued by the Director with respect to IPAC, was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with respect to IPAC.

B) The IPAC Standard for LTCHs, dated April 2022, section 10.1 Additional Requirements under the Standard indicated that the licensee should ensure that the hand hygiene program included access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

It was observed that 60% volume (v)/v Ethyl Alcohol *Isage!* brand hand sanitizers were available for use in multiple home areas together with other brands of 70% v/v Ethyl Alcohol hand sanitizers.

The next day, the IPAC Leads, the Administrator and the Director Resident Care (DRC) indicated that hand sanitizers in the home should contain 70% v/v of Ethyl Alcohol. On the same day, it was observed that *Isage!* brand hand sanitizers were removed from all home areas.

Sources: Prevention Measures Subject: Hand Hygiene Policy; observations; interviews with the IPAC Leads, the Administrator and the DRC.

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Date Remedy Implemented: November 29, 2022