Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 24, 2020	2020_643111_0022	005201-20	Critical Incident System

Licensee/Titulaire de permis

Revera Long Term Care Inc.
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Thorntonview
186 Thornton Road South OSHAWA ON L1J 5Y2

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

LYNDA BROWN (111)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 17 and 18, 2020.

The following two items were inspected concurrently during this inspection:
-Critical incident (CIR) related to an injury for which the resident was transferred to hospital.
-Infection Prevention and Control Practices (IPAC).

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs) and a resident.

During the course of the inspection, the inspector: observed a resident, observed IPAC practices throughout the home, reviewed IPAC procedures, reviewed the home's investigation and reviewed the health care record of a resident.

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.
- **2 WN(s)**
- **2 VPC(s)**
- **0 CO(s)**
- **0 DR(s)**
- **0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 36. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents. O. Reg. 79/10, s. 36.

Findings/Faits saillants :

The licensee has failed to ensure that two staff members used safe techniques when transferring resident #001 with a mechanical lift.

Two PSWs attempted to lift resident #001 using a mechanical lift and during the lift, resident #001 sustained an injury, was hospitalized and required revisions to their plan of care. The two Personal Support Workers (PSWs) did not ensure the resident's safety before completing the transfer. The staff verified that this technique was not used in this case and should have been.

Sources: CIR, home's investigation notes, progress notes and care plan for resident #001 and staff interviews.

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 use safe transferring and positioning devices or techniques when assisting residents, to be implemented voluntarily.

WN #2: 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 :

The licensee failed to ensure that staff participated in the implementation of the infection prevention and control program, with proper donning/doffing of PPE and hand hygiene practices.

On a specified date and time, on a specified unit, resident #002 was observed by the Inspector to be on isolation precautions that required the use of a gown, mask, gloves and protective eye wear before entering the room and was to be removed upon exiting the room. There was no protective eye-wear available. A PSW was observed in the room and not wearing any gloves. A family member was also present in the room, less than six feet from the resident wearing their mask incorrectly, and not wearing any gloves or protective eye wear. Upon exiting the room, the PSW only removed their gown and disposed of the gown incorrectly. The PSW did not remove their mask, clean their eye protective wear, or complete hand hygiene. The following day, at a specified time, a PSW was observed entering and exiting a number of resident rooms without performing hand hygiene. The DOC indicated the expectation is that all staff and visitors follow the proper donning and doffing of PPE for any resident on isolation, as per the isolation precaution's and all staff complete and hygiene prior to entering and upon exiting any residents room to reduce the incident of spread of infection.

Sources: Observations, review of donning/doffing of PPE procedures and interview with staff.

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 infection prevention and control program, to be implemented voluntarily.

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Issued on this 24th day of November, 2020

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

Original report signed by the inspector.