

**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**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119, rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

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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>
Feb 1, 2022	2022_926267_0001	010982-21	Critical Incident System

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**Licensee/Titulaire de permis**

Extendicare (Canada) Inc.  
3000 Steeles Avenue East Suite 103 Markham ON L3R 4T9

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

Extendicare Hamilton  
90 Chedmac Drive Hamilton ON L9C 7S6

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

JOBBY JAMES (694267)

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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): January 5, 7 (off-site), 24-27, 2022.**

**The following intake was completed for the Critical Incident System (CIS) Inspection: Log #010982-21 was related to falls with injury.**

**During the course of the inspection, the inspector(s) spoke with the Administrator/Infection Prevention and Control (IPAC) lead, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Practical Nurse (RPN), personal support workers (PSWs), housekeeping staff and a resident.**

**During the course of the inspection, the inspectors toured the home, observed resident and staff interactions, infection prevention and control practices, and reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

**Inspector-Sherri Cook (633) was present during 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 failed to ensure that all staff participated in the implementation of the IPAC program when they failed to encourage and/or assist residents to perform hand

hygiene before snacks.

1. On an identified date in a resident home area (RHA), eight out of 13 residents were not offered or encouraged by staff to complete their hand hygiene prior to the residents consuming their snacks.

On an identified date in another RHA, four out of four residents were not offered or encouraged by staff to complete their hand hygiene prior to the residents consuming their snacks.

On an identified date in another RHA, five out of six residents were not offered or encouraged by staff to complete their hand hygiene prior to the residents consuming their snacks.

The home's Administrator confirmed that, as per best practice and home's policy, it was expected that staff would encourage and complete hand hygiene for residents before and after snacks.

Failure of the home's staff to encourage and/or assist residents with hand hygiene was a minimal risk to residents and others for transmission of infection.

Sources: Multiple observations (Hand hygiene practices), the home's policy: Extendicare Hand Hygiene: IC-02-01-08 (October 2021), Public Health Ontario (PHO): Just Clean Your Hands – Long-term Care, brochure for just clean your hands: Keeping residents safe and healthy, (March 2011), PHO: Just Clean Your Hands (JCYH) Implementation Guide (September 2009), interview with the Administrator.

2. The licensee failed to ensure that all staff participated in the implementation of the IPAC program when a staff did not doff Personal Protective Equipment (PPE) before leaving a droplet and contact precaution room.

On an identified date, a staff member did not doff their full PPE as required when exiting a droplet and contact precaution room. The staff member portered the resident to the spa/tub room and they did not doff their PPE on exit of this room. The staff was observed in the hallway wearing their used PPE on two occasions.

The home's Administrator agreed that the expectation of the staff was to doff all their used PPE after completing care for a resident on droplet and contact precautions.

Failure of the home's staff to doff used PPE as required placed residents and others at minimal risk for transmitted infection.

Sources: Observations (Staff PPE use), the home's line listing, the home's policy Personal Protective Equipment: IC-03-01-07 (October 2021), Directive #3 (December 24, 2021), PHO: Coronavirus Disease 2019 (COVID-19), Droplet and Contact Precautions, Non-Acute Care Facilities (March 17, 2020). PHO: Recommended Steps: Taking Off PPE (Undated), interviews with the Administrator and staff #106. [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 all staff participate in the implementation of the IPAC program related to resident hand hygiene before snacks and doffing PPE appropriately, to be implemented voluntarily.***

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Issued on this 2nd day of February, 2022

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

**Original report signed by the inspector.**