

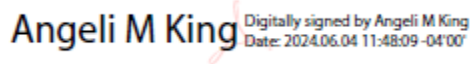
Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Central East District

33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report

Report Issue Date: May 17, 2024	
Inspection Number: 2024-1134-0001	
Inspection Type: Critical Incident Follow up	
Licensee: Revera Long Term Care Inc.	
Long Term Care Home and City: Fosterbrooke, Newcastle	
Lead Inspector AngieM King (644)	Inspector Digital Signature  Digitally signed by Angeli M King Date: 2024.06.04 11:48:09 -04'00'
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 6 -10, 2024
The inspection occurred offsite on the following date(s): May 13, 2024

The following intake(s) were inspected:

- An intake related to an outbreak
- An intake related to alleged resident to resident abuse
- An intake related to First Follow-up from inspection #2023-1134-0006, CO #001 related to O. Reg. 246/22 - s. 24 (1), air temperature, with a compliance due date of January 17, 2024.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2023-1134-0006 related to O. Reg. 246/22, s. 24 (1) inspected by AngieM King (644)

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

- Safe and Secure Home
- Infection Prevention and Control
- Responsive Behaviours
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: HOUSEKEEPING

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

- (iii) contact surfaces;

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The licensee has failed to ensure that procedures were implemented for cleaning and disinfection of contact surfaces using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, specifically completing and recording of the Peroxide Multisurface (MSC) chemical solution testing results for contact surfaces.

Rationale and Summary

A critical incident report (CIR) was submitted related to a COVID-19 outbreak. Housekeeper (HSK) #104 demonstrated the process of testing the strength of the disinfectant solution, they dipped the test strip into a measuring cup of the solution for one second and the reading was taken in thirty seconds as per EcoLab peroxide testing strip instructions with a result of 3500 parts per million (ppm). HSK #104 then informed the inspector that staff are required to record the results on the monthly log which is provided by the Environmental Service Manager (ESM) at the beginning of each month. HSK #104 stated there was no current record log provided to complete their entry therefore they documented the test result on the available posted month's log. HSK #104 provided to the inspector with previous Daily Peroxide MSC Testing Strip Logs that were stored on a shelf in the Housekeeper room.

The home's Infection Prevention and Control (IPAC) Cleaning and Disinfecting Procedures Policy indicated staff were to test the concentration of the disinfectant daily using the appropriate test strips and record, and the home's Daily Verification of Disinfectant Record log (DVDR) was to be completed. A review of the Daily Peroxide MSC Testing Strip Logs were incomplete by staff for four months prior to the inspection and the DVDR was not completed by the ESM.

The ESM confirmed that it was the practice of the staff to test the disinfectant solution daily and document the results on the Daily Peroxide MSC Testing Strip

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Log. Furthermore, that staff had failed to complete and document the testing of the peroxide chemical solution on both the first and second floors on multiple occasions for four months prior to the inspection. The ESM stated they were not aware they were required to complete the DVDR as per policy until after the inspector had requested completed logs. None were provided.

Failing to ensure that staff completed testing and recording of the low level disinfectant solution posed no risk to the residents.

Sources: Observations, home's documents, interviews with ESM and staff. [644]