

**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
Dec 22, 2021	2021_961243_0009	018589-21	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

Sumac Lodge
1464 Blackwell Road Sarnia ON N7S 5M4

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

ANGELA FINLAY (705243)

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): December 15, 16, and 17, 2021.

The following Critical Incident (CI) intake was completed within this inspection: Log #018589-21, related to falls prevention. An Infection Prevention and Control (IPAC) inspection was also completed.

Inspector Sherri Cook (#633) was also present during this inspection.

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

The inspector also toured the home, observed IPAC practices, reviewed clinical records and relevant policies and procedures.

**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 all staff participated in the implementation of the IPAC program related to resident hand hygiene, donning of personal protective

equipment (PPE), and visitor masking.

A) On one date of the inspection, residents were observed not completing or being assisted with hand hygiene before and after a lunch service.

During an interview, the IPAC lead stated it was the expectation that residents be assisted with hand hygiene before and after meals as per Revera's Playbook. "REVERA COVID-19 PLAYBOOK" page 20, stated, "Hand hygiene is performed frequently by staff, residents and visitors, and staff assist residents in performing hand hygiene (before & after meals, before and after providing snacks)."

B) A staff member was observed entering a resident room and was seen adjusting a blanket for a resident in the room. There were three signs posted beside the room door. The first sign stated, "Stop," the second sign stated, "Symptomatic full PPE," and the last sign stated, "Droplet and Contact Precautions" with instructions for staff/visitors to clean their hands, wear a procedure/surgical mask and protective eye wear when within two metres of the resident, and wear gloves and a long-sleeved gown if skin or clothing were to come into direct contact with the resident or items in their room. The staff member did not complete hand hygiene upon entering the room and did not don protective eye wear, gloves, or a long-sleeved gown.

An RPN stated that the residents in this room were on isolation as they were symptomatic. During an interview with the IPAC lead, they stated that full PPE would be expected when touching a residents blanket in a droplet and contact precaution room as that is touching items in the residents environment and not maintaining more than two metres distance.

A PSW was observed entering a different residents room wearing a gown and face mask. The PSW was not observed donning any other PPE. Signage beside the door stated, "Droplet Precautions" and instructed staff/visitors to wear a gown and gloves for direct care and eye protection when within two metres of the resident.

The PSW stated they initially did not don the required PPE upon entering the residents room and that they had provided direct care to the resident prior to donning the appropriate PPE. The IPAC lead stated that full PPE would be expected in a droplet precaution room when providing direct care.

C) An individual was seen completing screening into the home on an IPAD and walking

into a resident wing with a non-medical mask on.

During separate interviews with a Screener and the IPAC lead, they both stated that the IPAD is for screening in of essential caregivers or general visitors only. The Screener stated that it was the home's policy that all individuals entering the home change into a surgical mask provided by the home regardless of the kind of mask they were already wearing.

The home's policy titled, "Infection Prevention and Control, Infection Prevention and Control Program, COVID19- Visitor Process ON LTC & MULTI's Temporary Measure," effective date: June 18, 2020, reviewed and modified date: October, 2021, stated that essential visitors and general visitors must wear a medical mask for the duration of their visit.

Staff not implementing the IPAC program related to resident hand hygiene, donning of PPE, and visitor masking, put the residents at risk for infection.

Sources: Observations, "REVERA COVID-19 PLAYBOOK" Page 20, interviews with an RPN, PSW, IPAC lead, and Screener, and the home's policy titled, "Infection Prevention and Control, Infection Prevention and Control Program, COVID19- Visitor Process ON LTC & MULTI's Temporary Measure," effective date: June 18, 2020, reviewed and modified date: October, 2021. [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, donning of PPE, and visitor masking, to be implemented voluntarily.

Issued on this 22nd day of December, 2021

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

Original report signed by the inspector.