



City of Kingston
Information Report to Administrative Policies Committee
Report Number AP-25-005

To:	Chair and Members of the Administrative Policies Committee
From:	Jennifer Campbell, Commissioner, Community Services
Resource Staff:	Casie Keyes, Administrator, Rideaucrest Home
Date of Meeting:	December 11, 2024
Subject:	Rideaucrest Home Report for June – October 2024

Council Strategic Plan Alignment:

Theme: Corporate business

Goal: See above

Executive Summary:

The Administrative Policies Committee serves as the Board of Management for Rideaucrest Home. This is the fourth report provided to the Rideaucrest Board of Management for 2024. This report includes information on operations of the Home between June 16, 2024 – October 15, 2024.

Recommendation:

This report is for information only.

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Authorizing Signatures:

**Jennifer Campbell,
Commissioner, Community
Services**

**Lanie Hurdle, Chief
Administrative Officer**

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Growth & Development Services	Not required
Neil Carbone, Commissioner, Corporate Services	Not required
David Fell, President & CEO, Utilities Kingston	Not required
Brad Joyce, Commissioner, Infrastructure, Transportation & Emergency Services	Not required
Desirée Kennedy, Chief Financial Officer & City Treasurer	Not required

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Options/Discussion:

Rideaucrest Home has maintained an overall occupancy rate of 98.63% to date in 2024, the Home continues to achieve the occupancy target of 97% month over month in 2024. The Home's application to the Ministry of Health and Long-Term Care (MOHLTC) for two beds in abeyance to support the resident bathroom construction project remains active and in place until December 31, 2025, adjusting the total bed occupancy for the Home to 168 beds from 170 beds.

Rideaucrest Home had thirteen incidents reportable to the MOHLTC from June 16, 2024 through October 15, 2024. Two disease outbreaks; one of an enteric nature impacting six residents and one staff member and one acute respiratory illness impacting ten resident and six staff, five falls resulting in transfer to hospital, three incidents of resident to resident interactions, and three complaints from residents regarding care provided by staff.

KFL&A Public Health visited the Home on July 18th to complete a comprehensive annual infection control inspection. The inspector had no action items to report and was very pleased with infection control operations and practices in the Home. The full report is attached as Exhibit A.

The Ministry of Labor visited the home on August 22, 2024 to conduct a proactive inspection of the Home as part of the slips, trips and falls prevention campaign currently taking place in Ontario health care and community care workplaces. The inspector reviewed the workplace parties' compliance with Occupational Health and Safety Act (OHSA) and its regulations; the Home received no orders and was found to be in compliance with the Act.

The Ministry of Health was in the Home completing an inspection on September 16, 17, 18, 19 and 20, 2024. While in the Home, the Inspector looked into nine critical incidents and one complaint. The nature of this anonymous complaint surrounded wound care policies, staffing levels, as well as ensuring that the confidentiality of personal health information is being maintained throughout the renovations. While noting the extensive nature of the investigation, only one written notification was issued by the inspector. The single area of non-compliance was related to measurements during routine wound assessments. This speaks to the ongoing efforts of the Rideaucrest team in maintaining a high standard of care and services to all residents.

As of October 15, 2024, there were 504 people on the waiting list for Rideaucrest Home. Of those waiting, 80 are in crisis awaiting immediate placement to long term care in our community.

Effective June 28, 2024, as part of the new Convenient Care at Home Act, 2023, the fourteen Local Health Integration Networks, operating as Home and Community Care Support Services, were amalgamated into a new service organization called [Ontario Health atHome](#). Ontario Health atHome is designated as the new placement coordinator for long-term care homes under the *Fixing Long-Term Care Act, 2021*. Operationally, staff at Rideaucrest will continue to work with provincial staff in the same manner to waitlist and admit residents to the Home.

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Quality Initiatives

Staff continue to proactively seek feedback from residents and families about the quality of care provided at the Home. Approximately six weeks after admission, staff send a post-admission survey to gauge how well residents and families are settling in and whether they are receiving the care and information needed to feel comfortable. Staff have received eighteen survey responses to date in 2024. Feedback has highlighted the need to shift some paperwork to the pre-admission phase, allow residents to move in personal items earlier when possible and better distribute staff introductions (i.e. physiotherapy, life enrichment, dietitian) to ensure that residents and families can effectively absorb all the new information.

The Resident's Council and the Dietitian have worked together to implement hydration stations on the third and fourth floors. The Resident's Council supported the idea of having infused water twice a week with berries or lemon and lime, and decided dedicated tables would be most accessible outside of the dining rooms.

Staff hosted Family Information Sessions on June 25th and September 18th. The June session covered the following topics: the Federal Dental Care Funding Program, nutrition and dietary services, resident programs and volunteer services, and Quality Indicators. The September session covered the following topics: continence care, Quality Indicators, Resident and Family Satisfaction Survey, and a review of interest in forming a Family Council.

The Home continues to work to bring volunteers back into the Home to support additional 1:1 resident needs and Coffee & Gift Shop operations. The Home welcomed three new Coffee & Gift Shop volunteers in July and one in August. This growing team gave 212.5 hours to the Home in July and 156.5 hours in August.

On August 1, 2024 the Ministry of Long-Term Care announced that they will be adopting a new mandatory standard for quarterly resident assessments. These assessments will be advised by the Canadian Institute for Health Information (CIHI). The current RAI-MDS 2.0 Assessment Instrument and Continuing Care Reporting System (CCRS) must be replaced by the new interRAI Long-Term Care Facilities (LTCF) Assessment Instrument and Integrated interRAI Reporting System (IRRS) in long-term care homes in Ontario by April 1, 2026. This move will align Ontario's standards with those across the country. The new standard is to improve both the quality and efficiency of the assessment process, reduce the administrative burden on Homes, and improve the quality of care for Ontario long term care residents. Rideaucrest staff have applied to be early adopters of the new interRAI LTCF Assessment Instrument and are awaiting a response from the province on acceptance.

The Home continues to meet the provincial target of providing four hours of care by staffing its nursing team (RN, RPN, PSW) accordingly. The Staffing Report for the first quarter of the 2024 fiscal year (April to June 2024), which was submitted to the province on August 16, 2024, indicated that direct care staffing averaged 3.91 hours per resident per day during this period. This report evaluates the total staff hours worked in relation to the number of resident days during the reporting period.

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The on-site hair salon was closed for renovations from September 9th through 20th to rejuvenate and update the space for residents. Over 70% of residents enjoy services in the salon on a routine basis and it was time to update the space for their use and enjoyment.

The annual Extencicare Resident Experience Survey was circulated to residents and families/caregivers September 3rd through October 11th. Residents have the support of Life Enrichment staff and volunteers to complete the survey. Seventy-five residents in the Home were eligible to complete the survey based on their cognitive comprehension level and of these sixty-five responses (86.7%) were received. The survey link is also sent to families, as well as paper copies being made available in the main lobby. Through these means the survey was additionally shared with 153 individuals, 65 of whom completed the survey (42.5%). Results are populated and returned to Extencicare via an online link and the results and summary data will be shared with the Home in early December.

Once every five years, staff collectively review Rideaucrest's Mission, Vision and Values (MVV) statement and, if desired, refresh the statements to resonate with current residents and staff at the Home. The MVV was last updated in 2019; therefore, it was circulated to residents and staff from September 11th through October 7th for review. As a result, seventy-one staff members and thirty-five residents took time to provide their feedback on the MVV Statement, with 91.51% of respondents being satisfied with the current statement and 83.96% feeling it does not require revision at this time. Based on collective feedback, the statement continues to reflect on the principles, purpose and philosophy of care at the Home and does not currently require revision.

COVID-19/Outbreak

In July the provincial government stated that they are now viewing the COVID-19 virus as a disease of public health significance. Under the new designation, Medical Officers of Health will no longer need to pass on COVID-19 data that is unrelated to deaths and outbreaks to the Ministry of Health or Public Health Ontario. Individuals who perform point of care testing will also no longer need to report every positive result to the Medical Officer of Health. The Ministry of Health said the change brings data collection for COVID-19 into alignment with the other twenty-four diseases that public health units track.

As of July 12, 2024 Ontario's publicly funded pneumococcal vaccine program is transitioning to the following new pneumococcal vaccines:

- Pneumococcal 15-valent conjugate (Pneu-C-15), Vaxneuvance
- Pneumococcal 20-valent conjugate (Pneu-C-20), Prevnar 20

These two new pneumococcal conjugate vaccines will provide broader protection against invasive pneumococcal disease compared to Pneu-C-13 and longer-term protection than Pneu-P-23, which are the two vaccines currently used in the provincial program.

The Infection Prevention and Control Nurse in the Home continues to complete education with staff and residents regularly on hand hygiene techniques and personal protective equipment use, as well as donning and doffing. The impacts of this ongoing education is reflected in the

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infection rates in the Home, which are closely monitored and dropped throughout the first three quarters of 2024. There were 106 infections in quarter one, 76 in quarter two and 61 in quarter three. These infections range from respiratory, eye, ear, nose, mouth, urinary tract, and skin and wound. The Home benchmarks infection rates against Extencicare markers and Rideaucrest is trending below the Extencicare benchmarks in quarter three for all infection rates.

The Home continues to offer all residents and staff RSV, COVID-19 boosters and annual influenza vaccinations. The Home continues with routine hand hygiene and personal protective equipment (PPE) audits, ensuring results remain in the high ninetieth percentile and providing staff education when standards are not met.

When the Ministry of Labour visited the Home in August and the MOHLTC in September, inspectors reviewed infection control practices and standards in the Home, both governing bodies were complimentary on the practices upheld by staff.

Financial Considerations:

The approved 2024 operating budget for Rideaucrest Home contains \$6,707,307 in municipal contribution. As of October 31, 2024 Rideaucrest Home has spent 61.27% (excluding commitments) of its municipal contribution, which is \$1.48M under budget. The wages portion of each of the Home's respective department's budget lines are showing an underspend primarily due to the pending resolution of the current Collective Agreement negotiations and increased revenues. Once the retroactive allocation of wage and benefit expenses for 2024 are complete, this will bring the underspend more in-line with the allotted budget.

Variance summary by department is as follows:

Administrative Services – \$115K underspent

- This underspend is due to two vacant clerical positions, one of which has since been filled, and additional provincial revenue that was unbudgeted.

Dietary & Nutrition – \$61K overspent

- This overspend is attributed primarily to being overspent in wages (\$56K), combined with a slight timing variance on food supplies being expensed in the reporting period.

Director of Care (Medical & Nursing) – \$1.1M underspent

- The underspend in nursing is attributed to wages (\$679K) for the team as the Home continues to actively recruit to fill the residual positions as a result of the increase in Hours of Care Funding. The Home recruits Nursing students who have completed year one of their studies as PSWs for the summer months, greatly offsetting the staffing challenges experienced in the Home in that time period.
- The other significant factor contributing to the underspend in nursing is unbudgeted provincial revenue of \$494K year to date to October. Staff budgeted for the anticipated staffing level increases in 2024, yet received greater provincial revenue.

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Housekeeping and Laundry (Environmental Services) – \$52K underspent

- This underspend is attributed to a net impact of an underspend in wages and an overspend in housekeeping and laundry supplies.

Resident Programs and Services (Life Enrichment) – \$21K underspent

- This underspend is attributed to a wage variances due to vacant positions within the department, all positions have since been filled.

Other expenditures – \$241K underspent (more revenue compared to budgeted)

This section of the budget contains all resident accommodation revenue, revenue that is aligned to more than one department and allocated as required (i.e. Allied Health Professional funding) and increased level of care funding; at this time in 2024 the variance is due to increased, unbudgeted funding from the province.

- On June 21st the province released a new Integrated Technology Solutions Program; combining the funding previously available under the Clinical Decision Making Tools and Medication Safety Technology programs. The continuation of the funding will be fully utilized.
- On June 21st the province confirmed that Funding for Infection Prevention and Control Personnel, Training & Education and Leads will continue through March 31, 2025.
- On July 12th the Home received confirmation of funding through the Local Priorities Fund to enhance and update specific medical and dietary equipment, with a goal of reducing hospital transfers and supporting new admissions.

The Home continues to work on the many construction projects underway in conjunction with the Facilities Management & Construction Services Department. The centre cores on both Riverview (floor 4) and Wellington (floor 3) Terraces have now been finalized. In June, residents were provided with final design choice options; the interior design team selected options of stone to surround all four sides of the fireplace units in the centre core and a beautiful grey stone was selected by residents. Photo options for a large wall mural (outside the nursing stations) were also provided to the residents and each floor selected their favorite design. Artwork has been hung within the centre cores and dining rooms on both Riverview and Wellington Terraces, creating a finishing touch for residents in their home areas. Crestview (floor 2) and Gardenwalk (floor 1) terraces are actively under way with centre core renovations; these are set to be completed by year end. The fire panel replacement project remains underway, system installation on Gardenwalk terrace is in the final phase prior to system tie in and decommissioning the old system. Resident bathroom construction continues on Wellington terrace (floor 3); 50% of the shared bathrooms are complete.

Contacts:

Casie Keyes, Administrator, Rideaucrest Home, 613-530-2818 extension 4283

Other City of Kingston Staff Consulted:

Laura Rabbie, Administration Manager, Rideaucrest Home

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Exhibits Attached:

Exhibit A – KFL&A Inspection Report



Main Office
221 Portsmouth Avenue
Kingston, ON, K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Napanee Office
99 Advance Avenue,
Napanee, ON, K7R 3Y5
613-354-3357 | 1-800-267-7875
Fax: 613-409-6267

Cloyne Office
P.O. Box 59 14209 Highway 41
Cloyne, ON, K0H 1K0
613-336-8989 | 1-800-267-7875
Fax: 613-336-0522

IPAC Consultation Report

<p>Facility Inspected: Rideaucrest Home</p> <p>Primary owner:</p> <p>Site Address: 175 Rideau St. Kingston ON K7K 3H6</p> <p>Site Phone: 613-530-2818</p>	<p>Consultation Date: 18-Jul-2024</p> <p>Consultation By: Tierra Reay</p> <p>Facility Type: Long Term Care Facility</p> <p>Consultation Type: Routine</p> <p>Consultation Reasons: Consultation</p>
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Opening Comments and Observations:
Annual IPAC consultation completed on site with Deepa Mathew (IPAC nurse), Jack Staszak (Environmental Services Supervisor), Tierra Reay (KFLAPH Public Health Nurse), Tiffany Ho (KFLAPH Public Health Inspector), Anna Tran (KFLAPH Medical Student).

N/A = Not Applicable No = Out of Compliance Yes = In Compliance N/O = Not Observed

Long Term Care Facility

Care Areas

1. Physical layout: Yes
 4 floors, each floor has a "B" and "C" corridor with a common area and dining room. Gardenwalk terrace (1st floor) is a secured unit.

 The home continues to have construction and renovation projects ongoing with Cupido Construction. The construction company has a designated IPAC worker on their team.
 Current projects:
 - Updates to the common areas are completed on floors 3, 4. Floor 2 is almost complete
 - 4th floor residents' washrooms are completed on the 4th floor. Plan to be finished with 3rd floor bathrooms by the end of the year
 - Installation of updated fire alarm system – currently ahead of schedule
2. Number of residents: Yes
 Current: 167
 Maximum capacity: 170
3. Number of staff each shift, each area - Day Shift: Yes
 2 RNs, 8 RPNs, 24 PSWs (6 per floor)
4. Number of staff each shift, each area - Night Shift: Yes
 Evenings: 2 RNs, 8 RPNs, 24 PSWs
 Nights: 2 RNs, 2 RPNS, 12 PSWs

Levels of care, scope of procedures

5. Injectable medications Yes
6. Specimen collection or point-of-care testing Yes
 Home has unexpired PCR and enteric specimen collection kits on site.
7. Bathing Yes
 A few residents have hired private PSWs to provide personal care.

Rideaucrest Home [JCAO-BVAPD2]

Facility Contact:

Facility Address: 175 Rideau St., Kingston ON K7K 3H6

8. Wound care Yes
 Monica Hebert (ADOC) is the home's wound care champion.

9. Foot care Yes
 Nurse from Lifemark attends the home to complete foot care.

Administration

10. Changes in ownership or management since last visit Yes
 The home now has one assigned assistant director of care (ADOC) per floor:
 1st floor: Monica Hebert
 2nd floor: Christine Jones
 3rd floor: Sara Debretson
 4th floor: Kaitlyn de Haan

Names of persons responsible

11. IPAC - Education and experience in infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols, outbreak management, asepsis, microbiology, adult education, epidemiology, and program management* O. Reg. 246/22, s. 102 (5) Yes

12. IPAC - Certified in infection control by the Certification Board of Infection Control and Epidemiology, or working toward certification* O. Reg. 246/22, s. 102 (5), O. Reg. 246/22, s. 102 (6) Yes
 Deepa Mathew has achieved CIC.

13. IPAC - Works at least 17.5 hours per week if the bed capacity is less than 70, 26.25 hours per week if the bed capacity is 70–199, or 35 hours per week if the bed capacity is 200 or more* O. Reg. 246/22, s. 102 (15) Yes

14. IPAC - Phone number and email address are provided to the local medical officer of health or their designate and to the IPAC hub* O. Reg. 246/22, s. 102 (19) Yes
 Emily Moslinger is the IPAC Hub contact for the home. Currently planning education session with the IPAC Hub for Fall 2024.

15. Occupational Health: Yes
 Lou Cordeiro and Rachel Sheldon (occupational health nurses, City of Kingston)

16. House Keeping: Yes
 Jack Staszack, Environmental Services Supervisor

17. Medical Coverage: Yes
 Dr. Alenia Kysela (Medical Director, covers 3rd and 4th floors)
 Dr. Erin Beattie (covers 1st/2nd floors)
 Patricia Hudson (Nurse Practitioner) is currently on maternity leave.

Inspections

18. IPAC issues and date of most recent accreditation, according to the Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1* O. Reg. 246/22, s. 102 (1) for the purpose of reducing the incidence of infection and outbreaks* O. Reg. 246/22, s.102 (10) Yes
 Last accreditation completed in September 2021. Home is currently renewing accreditation. Mini survey was completed in November 2023 - no IPAC concerns reported. Projected date to achieve full accreditation is October 2025.

19. Date and Outstanding issues of most recent KFL&A Public Health visit Yes
 July 27/2023 - no concerns identified.

Antibiotic Stewardship Program

20. Antibiotic Stewardship Program Yes
 Home completes monthly tracking as per Extencare policies.
 LifeLabs provides a monthly surveillance report. Medisystem pharmacy also provides reports.

IPAC Program is in place

21. There are surveillance protocols for communicable diseases or diseases of public health significance* O. Reg. 246/22, s. 102 (2) Yes

Rideaucrest Home [JCAO-BVAPD2]

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- | | |
|---|-----|
| 22. There is an interdisciplinary team including the IPAC Lead, Medical Director, Director of Nursing and Personal Care, and Administrator* O. Reg. 246/22, s. 102 (4)(a)(b) | Yes |
| 23. The IPAC team and local medical officer of health or their designate meet at least quarterly and more frequently during an infectious disease outbreak* O. Reg. 246/22, s. 102 (4)(c)(d)
Meeting dates (2024)
- February 7
- April 17
- July 17 | Yes |
| 24. The IPAC program is evaluated and updated annually with a written record that includes the date, names of people who participated in the evaluation, summary of changes made, and date that changes were implemented* O. Reg. 246/22, s. 102 (4)(e)(f)
IPAC program is documented through Extendicare policies. The policies are evaluated annually by Extendicare and any changes are shared with the home. | Yes |
| 25. There is a quality management program to assess and improve IPAC in the home* O. Reg. 246/22, s. 102 (18)
Susan Ruttan (Quality Assurance Advisor) responsible | Yes |

Staff and Volunteer Education* O. Reg. 246/22, s. 102 (7)(3)

- | | |
|---|-----|
| 26. Frequency of IPAC education:
Completed annually through HRMS system. Education is also provided during quarterly review and during outbreaks. | Yes |
| 27. IPAC education records:
Attendance is documented on a log sheet. | Yes |
| 28. IPAC education needs:
Managing cytotoxic medications - Medisystem pharmacy representative providing in-person education session to registered staff. | Yes |

Staff, volunteers, visitors, and residents receive education on:

- | | |
|--|-----|
| 29. Hand hygiene | Yes |
| 30. Preventing cross contamination | Yes |
| 31. Advantages of an annual influenza vaccination and where the vaccine is available | Yes |

Staff and volunteers receive education on:

- | | |
|--|-----|
| 32. Proper handling of soiled linens | Yes |
| 33. Protection of uniforms | Yes |
| 34. Separation of clean and dirty items | Yes |
| 35. The need for a process of reporting, providing surveillance of and documenting the incidence of infectious illness | Yes |

Education Provided

- | | |
|-------------|-----|
| 36. On Hire | Yes |
| 37. Ongoing | Yes |

Residents, caregivers, and substitute decision-makers receive education on:

- | | |
|---|-----|
| 38. How to reduce the incidence of infectious disease
IPAC information is provided in a newsletter that is distributed to residents and families monthly. Information is also included in admission package when a new resident arrives at the home. IPAC nurse held an IPAC education session for families in September 2023 to provide information on basic IPAC principles. Reported session was well received by families. | Yes |
| 39. Need for and process of reporting infectious diseases | Yes |

Occupational Health

- | | |
|--|-----|
| 40. Presenteeism:
No concerns reported. | Yes |
| 41. Influenza vaccination rates for staff: | Yes |

Rideaucrest Home [JCAO-BVAPD2]

Facility Contact:

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Fall 2023: 27% (reported vaccine fatigue among staff)

42. N95 fit-testing: Yes
 Environmental Services supervisor, 1 PSW, 1 Environmental Services staff are certified to perform N95 fit testing for staff. Reported fit testing for staff is approximately 50% completed. Home uses fit test screening document provided by Extencicare.

Immunization requirements* O. Reg. 246/22, s. 102 (12), O. Reg. 246/22, s. 102 (14)

43. Each resident is screened for tuberculosis within 14 days of admission unless already screened up to 90 days prior to admission Yes
44. Residents are offered influenza immunization each year Yes
 Fall 2023 vaccine uptake: 74%
45. Residents are offered immunization against pneumococcus, tetanus, and diphtheria in accordance with the Ministry of Health Yes
 RSV vaccine uptake (Fall 2023): 76.9%
 Home is currently updating residents' pneumococcal vaccinations. Home also provides Shingrix vaccine.
46. Residents are offered doses of the COVID-19 vaccine for which they are eligible Yes
 Spring booster clinic uptake: 70%
47. Residents, staff, caregivers, and volunteers are encouraged to remain up-to-date with their COVID-19 vaccinations Yes
 Information provided in monthly newsletter.
48. Staff is screened for tuberculosis and other infectious diseases Yes
 Completed by occupational health team. Home has record of all vaccinations for staff hired after 2016.
49. Resource Recommendation: Immunization of workers: Canadian Immunization Guide - Canada.ca (<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html#p3c10t1>) Yes
 Ensure staff review MMR status in the event of an exposure (increase in measles activity provincially and globally)
50. Pets living in or visiting the home have up-to-date immunizations Yes
 Dogs and cats occasionally visit the home for pet therapy (in group settings or one to one), or families bringing pets to visit with individual residents. The home requires all visiting animals to be vaccinated and documentation submitted prior to visit.

Outbreaks

51. Outbreaks are reported to KFLAPH and the licensee defers to consultation as appropriate* O. Reg. 246/22, s. 102 (11)(a) Yes
52. Symptoms indicating infection in residents are monitored and recorded daily* O. Reg. 246/22, s. 102 (9), O. Reg. 246/22, s. 102 (10) Yes
 Home uses 24 hour surveillance sheet and Point Click Care system to track residents' symptoms.
53. There is a written outbreak response plan* O. Reg. 246/22, s. 102 (11)(b) (KFL&A Outbreak Management Quick Reference Guide) Yes
 Provided by Extencicare.
54. Policies and procedures are included (suggestions taken from MOHLTC's Control of Respiratory Infection Outbreaks in LTC Homes, 2018) Yes
55. Illness surveillance, early recognition and notification of KFLAPH Yes
56. Staff and resident education re: outbreaks, influenza Yes
57. Use of antivirals for residents and staff Yes
 Home uses Medisystem Pharmacy. If medications are needed urgently, the home contacts Medisystem and procures required medication through local Shoppers Drug Mart pharmacies.
 A few residents have overdue creatinine clearances - IPAC nurse and Medical Director are currently actioning this prior to respiratory season.
58. Consents, orders, and supply arranged ahead of flu season Yes
 Three residents are currently missing Tamiflu orders. IPAC nurse and Medical Director are currently actioning this prior to

Rideaucrest Home [JCAO-BVAPD2]

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respiratory season.

59. Exclusion policies and staffing plans:
Staff unimmunized for influenza are cohorted to work on other units during outbreak. Staff are encouraged to receive antiviral treatment and receive vaccine.
Discussed potential risk of exposure to other units if unimmunized staff exposed to the virus are incubating the virus and work on another unit.
60. Outbreaks since the last visit by KFLAPH: Yes
2024:
2241-2024-00008 - Influenza A (Riverview Terrace)
2241-2024-00023 - Respiratory Unknown (Wellington Terrace)
2241-2024-00087 - Respiratory/Rhinovirus/Parainfluenza (Riverview Terrace)
2241-2024-00115 - Respiratory/COVID-19 (Crestview Terrace)
2241-2024-00117 - Enteric/Unknown (Gardenwalk Terrace)

2023:
2241-2023-77357 - Respiratory/COVID-19 (Crestview Terrace)
2241-2024-76907 - Respiratory/Unknown/COVID-19 (Wellington Terrace)
61. Suggestions for improvement noted in outbreak summaries: Yes
No concerns addressed.
62. Reminder re: next KFLAPH Community Infection Prevention Partners workshop Yes
Please notify PHI/PHN if there are any topic requests for presentations at Fall 2024 CIPP.

Cleaning and Disinfecting

63. Schedule of cleaning:
Two cleaning staff per terrace, 7 days per week. Cleaning schedule as per PIDAC is followed. The home has a cleaning protocol in place in the event of short staffing to align with PIDAC practices. Cleaning scheduled protocols were reviewed with Environmental Services Supervisor.
The home also has cleaning staff to clean non-resident areas.
Staff document what was cleaned at the end of each shift.
64. Training of staff:
Education sessions with product supplier (Enviro Solutions) twice per year. Session was held in January 2024, plan for second session in September. Environmental Services supervisor provides training to staff when there is new equipment. Supervisor also implements "train the trainer" teaching to disseminate information to staff. Information also provided to staff monthly.
65. Audits of cleaning effectiveness: Yes
Home completes audits using GloGerm once per week using audit tool provided by Extendicare.
66. Products in use (review contact time): Yes
Products provided by Enviro Solutions (solutions are pre-dispensed). Solutions are tested weekly with pH strips to ensure correct concentration. One dispenser located on each floor. In the event one dispenser does not work, staff use a working dispenser from another floor.

Discussed how often to test disinfectant solutions. Recommended following instructions provided by supplier. Staff can also test the solution more frequently if there are concerns with the dispensing system.

During outbreak: Oxivir (1 min contact time), electrostatic sprayers
Routine operations: ES364 (5 min contact time)
General purpose cleaning: ES72
67. Resource: Results of any internal audit of environmental cleaning practices using the checklist in PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition; April 2018: Yes

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Facility Contact:

Facility Address: 175 Rideau St., Kingston ON K7K 3H6

IPAC Policies and Procedures

- 68. Surveillance procedures Yes
 Daily symptom surveillance: 24 hour symptom surveillance form, Point Click Care
 Home screens for MDROs on admission (including readmission from hospital if stay was greater than 12 hours)
 Wastewater testing with Queen's University to test for COVID-19, Influenza, RSV levels in wastewater. Project will be ending at the end of this month.

Baseline infection rates

- 69. ARI: Yes
 26 infections (respiratory outbreaks) last quarter.
- 70. Gastroenteritis: Yes
 6 infections (one enteric outbreak) last quarter.
- 71. C. difficile: Yes
 1 resident is currently on C. difficile precautions. Home is monitoring resident to determine if precautions can be removed.
- 72. UTI: Yes
 15 infections reported last quarter.
- 73. MDRO: Yes
 4 MRSA, 7 VRE infections (2 MRSA, 3 VRE infections resolved) last quarter.

Hand Hygiene

- 74. Hand hygiene audits Yes
 Reported 95% compliance for the month of June (127 audits completed). Extencicare policy indicates 5 hand hygiene audits are to be done per day on rotating shifts. IPAC nurse reported number of audits can vary depending on staffing - on average 2-3 audits are done daily.
- 75. Availability of ABHR including at point-of-care* O. Reg. 246/22, s. 102 (7)(11) Yes
 ABHR pumps are located throughout the home.

PPE audits

- 76. PPE audits Yes
 Reported 95% compliance for the month of June (100 audits completed). The home completes 15 PPE audits per week on rotating shifts.
- 77. PPE availability Yes
 No concerns with PPE availability.

Additional precautions

- 78. Signs Yes
 Observed isolation room on contact precautions. Stocked PPE cart located outside of room with appropriate precautions signage posted. Garbage bin and PPE donning/doffing instructions also included.
- 79. Communication Yes
- 80. Self-screening signs Yes
- 81. Availability of ABHR at reception Yes

IPAC Practices

- 82. Cleaning and disinfection of equipment between residents Yes
 Observed disinfectant wipes included in holder of the lift to allow for cleaning/disinfection at the point of care. IPAC nurse reported wipes are also included on vital signs machines to facilitate cleaning/disinfection between residents.
- 83. Waste handling Yes

Ventilation

- 84. Airflow procedures: Yes
 Plan for duct cleaning to take place on all floors beginning in October/November 2024.
- 85. HVAC system maintenance: Yes
 HVAC system is maintained through the City of Kingston. Filters are changed twice per year.

Rideaucrest Home [JCAO-BVAPD2]

Facility Contact:

Facility Address: 175 Rideau St., Kingston ON K7K 3H6

Storage

86. Equipment/supplies:

PPE carts are stocked in a storage room if a resident needs to be placed on isolation precautions.
Wound care carts are stored in clean storage room. Observed individual bins labelled for each residents' supplies.
Observed ABHR and disinfectant wipes on top of cart. Carts are cleaned/disinfected regularly.
Each resident has their own sling for lifts. Extra slings are available if needed.

87. Medication/vaccines:

One vaccine fridge located on Gardenwalk Terrace. Vaccine fridge cold chain inspection recently completed by KFLAPH VPD team on July 10th. No concerns reported. Yes

Resources Provided

88. Resources Provided

Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (updated outbreak guidance document, Ministry of Health)

Action(s) Taken

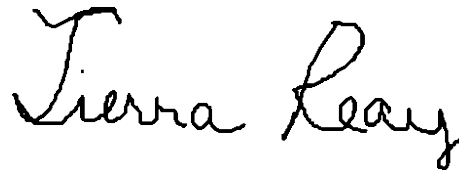
Results of Inspection : Satisfactory - No Action Required; IPAC Consultation: Completed, Discussion, Review of documents, Tour of Facility

Closing Comments:

Inspection reported completed off site. No signature from the facility contact is required.
Thank you for your time and dedication to Infection Prevention and Control in the home.
Please contact us if you have any questions or concerns.

I have read and understood this report:

Public Health Nurse:



Tierra Reay