

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Ottawa District**  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

|   |                                    |
|---|------------------------------------|
| <b>Report Issue Date:</b> October 16, 2023  |                                    |
| <b>Inspection Number:</b> 2023-1192-0003  |                                    |
| <b>Inspection Type:</b><br>Complaint<br>Critical Incident<br>Follow up                                  |                                    |
| <b>Licensee:</b> 0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership |                                    |
| <b>Long Term Care Home and City:</b> Almonte Country Haven, Almonte                                     |                                    |
| <b>Lead Inspector</b><br>Laurie Marshall (742466)   | <b>Inspector Digital Signature</b> |
| <b>Additional Inspector(s)</b><br>Anandraj Natarajan (573)<br>Jessica Nguyen (000729)                   |                                    |

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 31, 2023, and September 5, 6, 7, 8, 11, 12, 2023

The following intake(s) were inspected:

Fall of resident resulting in injury and a significant change in condition intakes:

- #00088050, CI: 2692-000002-23; #00095619, CI:2692-000012-23

Environmental concerns intake:

- #00091475, IL-14946-AH, CI:2692-000007-23; #00091468, IL-14938-OT

Alleged staff to resident physical abuse intake:

- #00095279, CI:2692-000011-23

Follow-up #2 Intake:

- #00092586 - Follow-up #: 2 - O. Reg. 246/22 - s. 93 (2) (b) (iii)

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Note: A compliance order related to O.Reg. 246/22 s. 93 (2) (b) (iii), was identified in this inspection and had been issued in a previous inspection, #2023-1192-0001, issued on February 29, 2023.

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #01 from Inspection #2022-1192-0001 related to O. Reg. 246/22, s. 93 (2) (b) (iii) inspected by

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

Housekeeping, Laundry, and Maintenance Services  
Infection Prevention and Control  
Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Conditions of License

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The Licensee has failed to comply with the conditions of Compliance Order (CO) #001 issued February 29, 2023, under inspection report 2022-1192-0001 with a compliance order due date of March 29, 2023.

The licensee was required by CO #001 to be in compliance with O.Reg. s. 93 (2) (b) (iii). CO #001 required the home to take immediate corrective action if deviations occur from the developed housekeeping program for cleaning and disinfecting high-contact surfaces.

A second follow-up inspection was conducted on August 31, 2023, September 5, 6, 7, 8, 11, 12, 2023.

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**Rationale and Summary:**

A) The home developed a compliance plan in response to compliance order previously issued. The homes compliance plan (July 31, 2023) included information that targeted addressing High Touch (HT) surface cleaning. The compliance plan indicated that in the event HT surfaces are not completed by day staff then it was the responsibility of the registered staff to communicate to oncoming staff on all units to complete HT surface disinfecting. It was also identified in this plan that HT duties would be reassigned to the laundry aid to fill housekeeping vacancies.

Review of the homes COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes was completed September 5, 2023. In Section 8.8 in the “Resident care floor-resident rooms” section of the audit tool it was written in that signatures were missing. The check boxes to indicate if these areas were cleaned and disinfected at least once daily when visibly soiled were not checked off.

Review of the High Touch (HT) Binder daily checklists on Naismith Lane and Mississippi Lane from July, August and up to September 5, 2023, identified areas that were missing initials to confirm HT areas were cleaned and disinfected daily by staff.

Review of the homes policy #. ENV-HK-4.2 (Environmental services; January 2023; Sub classification: housekeeping) relating to cleaning and disinfecting of high touch surfaces indicates that the requirements for cleaning high touch surfaces are to be done at a minimum of twice a day when not on outbreak and increased in the event of an outbreak.

IPAC Lead #105 reported that all staff are required to assist with cleaning and disinfecting all high touch surfaces when housekeeping staff is unable to or unavailable to do so. Furthermore, the IPAC Lead reported that an email was sent to all staff regarding reporting any residents' symptoms and signing the high touch binder on the units to indicate if they cleaned and disinfected high touch surfaces.

An interview with the Housekeeping Manager #106 confirmed that HT surfaces were not being done daily on all units.

Interview with Laundry staff #115 reported that they had never been taken off laundry duty to assist with HT cleaning but had at times been placed on housekeeping duties when they were short staffed in housekeeping.

Housekeeper #104 confirmed that on September 2, 2023, that they had completed cleaning and disinfecting for Lane B and did not complete Lane A for the Naismith unit. The Housekeeper also reported that they were the only housekeeping staff working that weekend and was unable to complete

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all HT surface cleaning on Lane B.

Housekeeping Manager #106 reported that they were not able to complete all HT areas for resident rooms on the Naismith Lane on September 5, 2023 and that they only completed six rooms for HT surface cleaning in Lane B.

During an interview with Administrator #100 and IPAC Lead #105, it was identified that if the High Touch (HT) binder daily checklist were signed off then it was assumed that all HT surfaces were completed, and if not signed off then the expectation was that staff would communicate to oncoming staff that HT surfaces were not completed on their shift.

B) In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes effective August 30, 2022, and the Public Health Ontario COVID-19 Key Elements of Environmental Cleaning in Healthcare Settings, current as of June 26, 2023, high touch or frequently touched surfaces must be cleaned and disinfected more than once per day in outbreak areas. (Examples of these surfaces include doorknobs, call bells, bedrails, light switches, toilet handles, handrails and keypads.)

The COVID-19 outbreak was declared on Naismith Lane on August 31, 2023.

Housekeeping Manager (HM) #106 reported that they communicate to oncoming PSW's on their assigned wing if they did not get HT surface cleaning and disinfection done on the day shift. They reported that they could not confirm if HT surfaces were completed after they passed on the information to oncoming staff. The HM reported that within the outbreak area, only bedrooms of affected residents might be cleaned and disinfected twice a day. HM reported that they try to get at least one of the two corridors done twice a day within the outbreak area but lack the staff to ensure this is completed.

During an interview with the IPAC Lead #105 they reported that only bedrooms of affected COVID positive residents' rooms in the outbreak area had twice a day HT cleaning.

Failure to implement the organized program for disinfecting high touch surfaces at least daily and more often in outbreak areas and take immediate corrective action if there were deviations from the developed housekeeping program, increases the risk of disease transmission between staff and residents.

**Sources:** Almonte Country Haven Compliance Plan (July 31, 2023); COVID-19: Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes was completed September 5, 2023; High Touch (HT) Binder for Naismith Lane and Mississippi Lane; Homes housekeeping policy #. ENV-HK-4.2

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(Environmental services; January 2023); Interview with PSW #108, Housekeeping staff #104 & #109, Housekeeping Manager #106, IPAC Lead #105 and Administrator #100. [742466].

**An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002**

**NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)**

The Licensee has failed to comply with FLTCA, 2021

**Notice of Administrative Monetary Penalty AMP #002**

**Related to Written Notification NC #001**

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$2200.00, to be paid within 30 days from the date of the invoice. In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

**Compliance History:**

2022-1192-0001 21-Feb-23 NC with FLTCA r. 93. (2) (b) (iii) resulting in CO. CO due date 3-Apr-23  
2022-1192-0002 Reinspection of CO determined NC FLTCA s.104 (4) resulting in CO not complied and WN +Amp issued July 14, 2023.

This is the second AMP that has been issued to the licensee for failing to comply with this requirement. Invoice with payment information will be provided under a separate mailing after service of this notice. Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

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## WRITTEN NOTIFICATION: Directives by Minister: Binding on licensees

### NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to comply with the Minister's Directive: COVID-19 response measures for long-term care homes effective August 30, 2022, when staff failed to follow PPE requirements relating to COVID-19 outbreak areas.

#### Rationale and Summary:

In accordance with the Minister's Directive: COVID-19 response measures for long-term care homes effective August 30, 2022, and the Ministry of Health COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings, June 26, 2023 when interacting within two metres of residents in an outbreak area. The recommended PPE includes: a fit-tested, seal-checked N95 respirator (or approved equivalent) and appropriate eye protection (goggles, face shield, or safety glasses with side protection).

Naismith Lane was declared on a COVID-19 outbreak August 31, 2023.

Inspector #742466 observed signage posted outside of Naismith Lane unit indicating that all staff are to wear N95 mask and face shield for all resident care.

During observations inspectors #742466 and #000729 observed multiple staff wearing N95 masks with no eye protection or wearing surgical masks only when on the outbreak unit within two meters of a resident.

Interview with PSW #103 confirmed that they had been given direction to wear an N95 on Naismith Lane and reported that they had been helping in the dining room and should have been wearing a N95 mask instead of a surgical mask on Naismith Lane.

Interview with PSW #111 reported that they had taken off their N95 as they found it too hot to work in and replaced it with a surgical mask while assisting at breakfast time in the kitchen servery in an outbreak area.

It was confirmed during an interview with the IPAC Lead #105 that all staff are required to wear a N95 mask and eye protection for all care on outbreak units which included assisting at meals.

Staff failing to comply with following the Ministers Directive by not wearing the appropriate PPE in an

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outbreak unit while within two metres of residents could increase the risk disease transmission amongst residents and staff.

**Sources:** Observations of multiple staff on Naismith Lane by inspector #742466 and #000729; Interview with PSW #103, #111 and IPAC Lead #105. [742466].

## NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

The follow-up intake #00092586 was inspected on. Two follow-up inspections have been conducted for the existing CO.

Licensees must not pay a Re-Inspection Fee from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the Re-Inspection Fee.



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