

**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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**Public Copy/Copie du rapport public**

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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>
Mar 10, 2022	2022_781729_0005	001604-22	Complaint

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**Licensee/Titulaire de permis**

Bay Haven Nursing Home Incorporated  
499 Hume Street Collingwood ON L9Y 4H8

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

Bay Haven Nursing Home  
499 Hume Street Collingwood ON L9Y 4H8

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

KIM BYBERG (729), JESSICA BERTRAND (722374)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): February 28, March 1-3 and March 7, 2022. Offsite: March 4, 2022.**

**The following intake was completed within the Complaint inspection:  
-Log #001604-22 related to medication management**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Nursing (DON), Registered Nurse (RN), Clinical Nurse Manager, Activation Manager, Physician, Personal Support Workers (PSW), Registered Practical Nurse (RPN), Agency RPN, Infection Prevention And Control (IPAC) lead, Housekeeping, Residents, and Families.**

**During this inspection, inspector(s) toured the home, observed residents and the care provided to them, reviewed relevant clinical records, relevant policies, and observed the general maintenance, cleanliness, safety, infection prevention and control practices and condition of the home.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Medication  
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**3 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 LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home completed self assessment audits using the Public Health Ontario (PHO) COVID-19's self assessment audit tool for Long Term Care Homes and retirement homes.

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7. Date of Issuance: December 24, 2021, stated as part of the COVID-19 preparedness plan the home was to conduct regular IPAC self-audits, at minimum every two weeks when the home was not in an outbreak and at minimum once a week when the home was in an outbreak. This was to identify and address gaps in IPAC practices.

The DON stated that they were not completing the COVID-19 self assessment audit tool for long term care and retirement homes every two weeks as required.

Failure to complete the required audits put residents, staff and visitors at potential risk when gaps in the homes infection control practices may not have been identified.

Sources: Interview with DON #101, COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes, date of issuance December 24, 2021, COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units Version 4 – February 3, 2022, COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement homes dated. [s. 5.]

***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 the home is a safe and secure environment for its residents, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs**

Specifically failed to comply with the following:

**s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that medications were administered to a resident in accordance with the directions specified by the prescriber.

A resident was admitted to the home with a medical condition that required specific medication to be administered at specified times. The home's physician ordered a medical procedure to be completed each morning and when the values were elevated, additional medications were to be administered.

The resident was not given the prescribed medication on four occasions in one month when they had elevated medical values. As a result of not being provided the medications they suffered an adverse reaction on two separate occasions.

The registered staff confirmed that the medication was not administered on the specified dates.

Medication that was not administered as prescribed to a resident caused them harm that resulted in elevated medial values and subsequent adverse reactions.

Sources: Resident progress notes, vitals and electronic Medication Administration Record (eMAR), prescriber's digiorder, interviews with RPN, RN and DON. [s. 131. (2)]

***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 drugs are administered to residents in accordance with the directions for use specified by the prescriber, to be implemented voluntarily.***

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**WN #3: 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. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,**

**(a) infectious diseases; O. Reg. 79/10, s. 229 (3).**

**(b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).**

**(c) data collection and trend analysis; O. Reg. 79/10, s. 229 (3).**

**(d) reporting protocols; and O. Reg. 79/10, s. 229 (3).**

**(e) outbreak management. O. Reg. 79/10, s. 229 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the DON that was designated to co-ordinate the infection prevention and control program, had education and experience that included infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols and outbreak management.

The DON was designated the lead for the IPAC program within the home. The DON stated that they did not have formal education or documentation of IPAC training on infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols and outbreak management.

Lack of IPAC education by the DON could have put residents at risk as it may have delayed recognizing IPAC issues and implementing practices within the home.

Sources: Interview with DON, COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes, date of issuance December 24, 2021, COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units Version 4 – February 3, 2022. [s. 229. (3)]

***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 the licensee designates a staff member to coordinate the program who has education and experience in infection prevention and control practices, including, infectious diseases, cleaning and disinfection, data collection and trend analysis, reporting protocols, and outbreak management, to be implemented voluntarily.***

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Issued on this 11th day of March, 2022

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

**Original report signed by the inspector.**