

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

**Public Report**

**Report Issue Date:** December 19, 2024

**Inspection Number:** 2024-1163-0004

**Inspection Type:**

Critical Incident

**Licensee:** Bay Haven Nursing Home Incorporated

**Long Term Care Home and City:** Bay Haven Nursing Home, Collingwood

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): December 2- 5, 2024

The following intake was inspected:

- Intake: #00131478 - Related to Infection Prevention and Control

The following intakes were bundled in this inspection:

- Intake: #00126165 - Related to Infection Prevention and Control
- Intake: #00129767 - Related to Infection Prevention and Control

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

Infection Prevention and Control

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Infection prevention and control program - Standards and requirements

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

**Non-compliance with: FLTCA, 2021, s. 23 (3)**

Infection prevention and control program

s. 23 (3) The licensee shall ensure that the infection prevention and control program and what is provided for under that program, including the matters required under subsection (2), comply with any standards and requirements, including required outcomes and accountability measures, provided for in the regulations.

The Licensee failed to ensure the Infection Prevention and Control Program complied with the IPAC Standard for Long-Term Care Homes.

**Rationale and Summary:**

The home's Infection Prevention and Control Program did not include audit activities as required by the IPAC Standard for Long-Term Care Homes section 5.4 (o).

A staff member stated there is no system in place to ensure that audits are performed regularly to ensure that all staff can perform the IPAC skills required of their role.

When the home's policy failed to provide direction related to the IPAC standard, IPAC audits were not completed quarterly and may lead to gaps in ensuring that all staff are following outbreak control measures.

**Sources:** Interview with staff and home's policies.

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## WRITTEN NOTIFICATION: Infection prevention and control program

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee failed to implement, The Infection Prevention and Control Standard for Long-Term Care Homes, last revised September 2023:

**A.** In accordance with section 9.1 (b) At minimum Routine Practices shall include: Hand hygiene, including, but not limited to, at the four moments of hand hygiene when staff did not complete hand hygiene prior to and during morning snack service.

**Rationale and Summary:**

The home's policy directs staff to perform Hand Hygiene before giving a snack or beverage from the Nourishment cart.

A staff member entered and exited several resident rooms while providing snack service and did not perform hand hygiene for themselves or assist residents with hand hygiene.

Staff members stated that hand hygiene should be completed by staff, and residents should also be assisted with hand hygiene, during snack service.

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When staff did not complete hand hygiene and/or offer residents assistance with hand hygiene there was a risk of transmission of infectious agents.

**B.** In accordance with section 7.3 (b) when the licensee failed to ensure that audits were performed regularly to ensure that all staff can perform the IPAC skills required of their role.

**Rationale and Summary:**

There were no personal protective equipment (PPE) audits conducted quarterly by the licensee.

The home's IPAC Job Description stated that the IPAC lead was to monitor for adequate/accessible employee PPE and for appropriate use of PPE.

A staff member stated they do not have an audit tool to audit staff for PPE selection, donning and doffing and that audits are not conducted quarterly.

Failing to ensure that staff have been audited in relation to IPAC skills required of their role may lead to gaps in ensuring they are following outbreak control measures.

**C.** In accordance with section 4.3 the home did not create a summary that makes recommendations to the licensee for improvements to outbreak management practices following the resolution of an outbreak.

**Rationale and Summary:**

The home's enteric and respiratory outbreak management policies directed the home to complete summary reports once the outbreak was over.

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The home did not complete a summary report of two enteric outbreaks and one respiratory outbreak.

Staff members stated that there were no summaries of the outbreaks documented.

When the summary of outbreak report that makes recommendations to the licensee for improvements to outbreak management practices is not created, opportunities for improvements to outbreak management may be missed.

**Sources:** Observations, Home's policies, outbreak reports, interviews with staff.