Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

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Public Report

Report Issue Date: March 7, 2025
Inspection Number: 2025-1488-0002
Inspection Type: Critical Incident
Licensee: Centre d'Accueil Roger Seguin
Long Term Care Home and City: Centre d'Accueil Roger Seguin, Clarence Creek

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 3, 4, 5, 6, 7, 2025

The following intake(s) were inspected:

- Intake: #00130884 (CIS #2988-000046-24) related to fall of a resident resulting in injury.
- Intake: #00133502 (CIS #2988-000050-24) related to alleged resident to resident abuse.

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

Infection Prevention and Control
Responsive Behaviours
Prevention of Abuse and Neglect
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 6 (7)
Plan of care
s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

On an identified day, a resident had a fall with injury when unassisted behind closed door in a common area bathroom. The bathroom's door showed it was equipped with a keypad for access.

The resident's plan of care indicated that the resident required staff assistance for toileting, and directed staff not to leave the resident unattended. A staff member indicated that no staff was present when the resident was found.

Sources: Inspector's observation. The resident's progress notes and plan of care. Interview with staff members.

WRITTEN NOTIFICATION: Infection prevention and control

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 23 (4)
Infection prevention and control program
s. 23 (4) Except as provided for in the regulations, every licensee of a long-term care home shall ensure that the home has an infection prevention and control lead whose primary responsibility is the home’s infection prevention and control program.

The licensee has failed to ensure that an Infection Prevention and Control (IPAC) lead is appointed to manage the home's IPAC program.
The Executive Director of Care stated that the licensee did not have an Infection prevention and control lead for the long term care home.

Sources: interview with Executive Director of Care.

WRITTEN NOTIFICATION: Infection prevention and control

NC #003 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).

A- The licensee has failed to ensure that the Infection Prevention and Control program required under subsection 23 (1) of the Act complies with any standard or protocol issued by the Director with respect to infection prevention and control.

Specifically, the Infection Prevention and Control (IPAC) Standard for Long- Term Care Homes, April 2022, additional requirement 2.1 states: the licensee shall ensure at a minimum, quarterly real time audits of specific activities performed by the staff in the home, including but not limited to hand hygiene, selection and donning and doffing of personal protective equipment (PPE).

During an interview with the Executive Director of Care, they acknowledged and confirmed that the licensee did not conduct the minimum audits for staff hand hygiene and donning and doffing.

Sources: interview with the Executive Director of Care

B- The licensee has failed to ensure that the Infection Prevention and Control (IPAC) standard issued by the Director was followed by the staff related to the hand hygiene program.

Specifically related to a staff member not performing hand hygiene between multiple residents interactions a day in 2025 in the an identified home area.

Sources: Inspector's observations