

**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**Central West Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 23, 2021	2021_836766_0007	024835-20, 025846- 20, 002102-21, 003207-21	Critical Incident System

Licensee/Titulaire de permisCollingwood Nursing Home Limited
250 Campbell Street Collingwood ON L9Y 4J9**Long-Term Care Home/Foyer de soins de longue durée**Collingwood Nursing Home
250 Campbell Street Collingwood ON L9Y 4J9**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KATY HARRISON (766)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): March 11, 12, 15-17, 2021

The following intakes were completed within the inspection:

Log #02483-20, related to falls,

Log #002584-20, related to skin and wound,

Log #02483-20, related to falls, and

Log #00320-21, Follow-up to CO#001 from inspection #2020_739694_0008, related to infection prevention and control.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Assistant Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurse (RPN), Personal Support Workers (PSW), and the Physiotherapy Assistant (PTA).

The inspector also toured the home and resident care areas, observed the provision of resident care, staff-resident interactions, reviewed relevant clinical records, critical incident system reports and health and safety inspection reports.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Maintenance

Falls Prevention

Infection Prevention and Control

Skin and Wound Care

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 174.1 (1)	CO #001	2021_739694_0008		766

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 a safe environment for its residents as the flooring in the corridor was not maintained in good condition.

While exercising with the PTA, a resident fell when their assistive device caught in a hole in the floor. The resident sustained an injury and had to be transferred to hospital.

The most recent Workplace Inspection Report was completed by the DOC and a member of the Joint Occupational Health and Safety Committee. The inspection findings did not include the hole in the floor and therefore no corrective actions were taken.

The condition of the flooring would be included as part of the Health and Safety inspection, but there were no deficiencies identified in the most recent report.

Sources: Observations; clinical record review; critical incident report; Workplace Inspection Report; interviews with the PTA and other staff. [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 flooring in the home is in good condition and that any deficiencies are identified and rectified, to be implemented voluntarily.

Issued on this 24th day of March, 2021

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

Original report signed by the inspector.