

Original Public Report

Report Issue Date	July 28, 2022		
Inspection Number	2022_1131_0001		
Inspection Type	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	Craigwiel Gardens		
Long-Term Care Home and City	Craigholme, Ailsa Craig		
Lead Inspector	Ali Nasser (523)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): July 25 and 26, 2022.

The following intake(s) were inspected:

- Log #002326-22, CIS #2622-000004-22, related to allegation of staff to resident abuse.
- Log #003165-22, Follow up to CO#001 from inspection #2022_790730_0003 regarding s. 5.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance.

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
LTCHA, 2007 s. 5	2022_790730_0003	001	523

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

- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect

INSPECTION RESULTS

During the course of this inspection, the inspector(s) made relevant observations, reviewed records and conducted interviews, as applicable. There were *findings of non-compliance*.

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

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

The licensee has failed to ensure the implementation of the standard issued by the Director with respect to infection prevention and control.

Observation during inspection showed three alcohol-based hand rub containers that expired in April and June 2022. No one was witnessed using the expired products.

The home immediately replaced the expired products when it was brought to their attention. They home will be conducting audits to check all the ABHR for the expiry dates.

Date Remedy Implemented: July 25, 2022. [523]

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

Non-compliance with O. Reg. 246/22, s. 138 (1) (a) (ii)

The licensee has failed to ensure that drugs were stored in an area or a medication cart that was secure and locked.

Observations during the inspection showed a medication cart in the hallway across from the dining room, the medication cart and the narcotic box were unlocked and unattended, inspector had access to resident's prescribed medications. RPN attended to the cart. RPN said the expectation was for the medication cart to be locked when unattended. The staff locked the medication cart.

Date Remedy Implemented: July 25, 2022 [523]