

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: January 24, 2025

Inspection Number: 2025-1131-0001

Inspection Type:

Critical Incident
Follow up

Licensee: Craigwiel Gardens

Long Term Care Home and City: Craigholme, Ailsa Craig

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 21, 23, 2025
The inspection occurred offsite on the following date(s): January 22, 2025

The following intake(s) were inspected:

- Intake: #00130205 -Follow-up #: 1- CO #003/ #2024-1131-003 - FLTCA, 2021 - s. 19 (2) (c) Accommodation Services CDD: 12/20/2024
- Intake: #00137347- CI:2622-000001-25 related to an outbreak.

Previously Issued Compliance Order(s)

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

Order #003 from Inspection #2024-1131-0003 related to FLTCA, 2021, s. 19 (2) (c)

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

Housekeeping, Laundry and Maintenance Services
Food, Nutrition and Hydration

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Infection Prevention and Control

INSPECTION RESULTS

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. 77 (5)

Menu planning

s. 77 (5) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 246/22, s. 390 (1).

The licensee failed to ensure that multiple residents in isolation due to an outbreak, were offered planned menu items. A resident informed the inspectors that they were not offered a choice of menu items during meal service. The Nutrition Manager and Director of Care stated that during the outbreak, residents in isolation were offered the first choice of planned menu items for their in-room tray service. On January 21, 2025, the home implemented a process to ensure all residents in isolation were offered planned menu items.

Sources: Resident interviews and observations, Interviews with the Nutrition Manager and Director of Care, and the home's documented records.

Date Remedy Implemented: January 23, 2025

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COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

- 1) Ensure that re-education is provided to all staff and management related to routine practices and additional precautions, including but not limited to, the proper use of Personal Protective Equipment (PPE) including appropriate selection, application, removal, and disposal. Maintain a written record of the education provided, including the dates the education was provided, the education content, the staff members that attended the education, signatures of the staff members acknowledging their understanding of the education they received, and the individual that completed the education session.

Grounds

The licensee has failed to ensure that any standard issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically, the licensee did not ensure that during an outbreak, direct care staff doffed their

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N95 respirators or eye protection when exiting a resident room identified as requiring droplet and contact precautions. The staff continued to assist additional residents who were not on additional precautions while wearing the same N95 respirator and eye protection.

Additional Requirement 9.1 under the IPAC Standard directs the licensee to ensure that Routine Practice and Additional Precautions are followed in the IPAC program. At minimum, section 9.1 (d), for Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal, and disposal.

The Public Health Inspector, assigned to provide outbreak management to the home, confirmed that it was best practice for staff to remove all PPE, including eye protection and N95 respirator, upon exiting a droplet and contact precaution room, and don fresh PPE prior to entry into another resident room.

When staff in the home did not remove all PPE after attending to residents on droplet and contact precautions, the risk of transmission of infectious disease was increased.

Sources: Home area and staff observations, review of the IPAC Standards, the home's outbreak documentation, interview with the home's IPAC lead and DOC, Interview with the home's public health inspector

This order must be complied with by February 28, 2025

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.