Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

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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 2, 2021	2021_784762_0004	017861-20, 018191-20, 020940-20, 022915-20, 025622-20, 002358-21, 002587-21	Critical Incident System

Licensee/Titulaire de permis

Regional Municipality of Durham
605 Rossland Road East Whitby ON L1N 6A3

Long-Term Care Home/Foyer de soins de longue durée

Fairview Lodge
632 Dundas Street West P.O. Box 300 Whitby ON L1N 5S3

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

MOSES NEELAM (762)

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): February 18-19, 22-25, 2021

The following intakes were inspected during this Critical Incident Report/System (CIR/S) inspection:
- Log/CIS related to COVID-19 and the infection control practices in the home
- Log/CIS related to physical abuse of a resident by another resident
- Log/CIS related to a fall that led to an injury causing a significant change in resident health
- Log/CIS related to a fall that led to an injury causing a significant change in resident health
- Log/CIS related to a fall that led to an injury causing a significant change in resident health
- Log/CIS related to a fall that led to an injury causing a significant change in resident health
- Log/CIS related to alleged responsive behaviors, emotional and verbal abuse of a resident by another resident

During the course of the inspection, the inspector(s) spoke with Infection Control Practitioner (ICP), Physiotherapist (PT), Registered Nurses (RN), Behaviors Supports Ontario Registered Practical Nurse (BSORPN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Health Care Aides (HCA), Substitute decision makers (SDM) and residents.

During the course of the inspection, the inspector(s) toured residents home areas, conducted observations, reviewed clinical records and reviewed relevant policies.

The following Inspection Protocols were used during this inspection:
Falls Prevention
Infection Prevention and Control
Prevention of Abuse, Neglect and Retaliation
Responsive Behaviours

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)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Légende WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

The licensee failed to ensure that the staff participate in the implementation of the hand hygiene program, specifically assisting residents conduct hand hygiene before and after meals.

In an interview ICP #112 indicated, the homes hand hygiene program required that staff members sanitize residents' hands before and after meals. Observations conducted, indicated that resident #006, #009, #010 and multiple other residents located on multiple units of the home, were not assisted with performing hand hygiene before and after meals. Additionally, in separate interviews, residents #006, #009, indicated that staff do not always assist residents with hand hygiene before and after meals. As a result, this put the residents at potential risk for acquiring pathogens that spread through the resident's hands into the meal.

Sources: Observation; interviews with resident #006, #009, ICP #112 and RPN#113;

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 all staff participate in the implementation of the hand hygiene program,, to be implemented voluntarily.

Issued on this 3rd day of March, 2021

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

Original report signed by the inspector.