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

Central West District
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Public Report

Report Issue Date: February 4, 2025

Inspection Number: 2025-1548-0001

Inspection Type:
Critical Incident

Licensee: Corporation of the County of Bruce

Long Term Care Home and City: Gateway Haven Long Term Care Home, Wiarton

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 22, 27, 29-30, 2025 and February 3-4, 2025.
The inspection occurred offsite on the following date(s): January 23, 27-28, 2025.

The following intake(s) were inspected in this Critical Incident (CI) inspection:

- Intake #00131120 was related to prevention of abuse and neglect;
- Intake #00131408 and Intake #00133735 were related to responsive behaviours;
- Intake #00131904, Intake #00134627, Intake #00137040, and Intake #00137045 were bundled related to infection prevention and control.

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

Infection Prevention and Control
Prevention of Abuse and Neglect
Responsive Behaviours

INSPECTION RESULTS

WRITTEN NOTIFICATION: Responsive Behaviours

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (1) 2.
Responsive behaviours
s. 58 (1) Every licensee of a long-term care home shall ensure that the following are developed to meet the needs of residents with responsive behaviours:
2. Written strategies, including techniques and interventions, to prevent, minimize or respond to the responsive behaviours.

The licensee failed to ensure that strategies were in place for managing a resident's responsive behaviours. A resident struck another resident. Additional incidents were identified the month following the incident, where interventions were not effective for responsive behaviours.

Sources: Clinical records, and interviews with staff.

WRITTEN NOTIFICATION: Behaviours and Altercations

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 60 (a)
Behaviours and altercations
s. 60. Every licensee of a long-term care home shall ensure that,
(a) procedures and interventions are developed and implemented to assist residents and staff who are at risk of harm or who are harmed as a result of a resident's behaviours, including responsive behaviours, and to minimize the risk of altercations and potentially harmful interactions between and among residents; and

The licensee failed to ensure that interventions were implemented for a resident

when they kicked a co-resident. Additional incidents were identified in the following month, without effective interventions being implemented.

Sources: Clinical records, and interviews with staff.

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 the requirements of this section.
The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control (IPAC).

In accordance with the IPAC Standard last revised September 2023, the section titled Additional Requirement Under The Standard 2.1 states: the licensee shall ensure that the IPAC Lead conducts at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to, hand hygiene, selection and donning and doffing of PPE.

The IPAC lead confirmed that formal audits of personal protective equipment (PPE) were not being done. Additionally, hand hygiene audits were not being completed on the night shift and weekends.

Sources: Interview with IPAC lead, and IPAC Standard (April 2022, Revised September 2023).

B) The licensee has failed to ensure that the infection prevention and control program required under subsection 23 (1) of the Act complies with the requirements of this section.
The licensee shall implement, any standard or protocol issued by the Director with respect to infection prevention and control.

In accordance with the IPAC Standard last revised September 2023, the section titled Additional Requirement Under The Standard 7.3 states: the licensee shall ensure that the IPAC Lead plans, implements, and tracks the completion of all IPAC training and:
a) Assessments/audits and feedback processes are used to determine if staff have met training requirements as required by the Act and Regulation, or when individual staff need remedial or refresher training; and
b) Ensures that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

The IPAC lead confirmed that audits were not being completed to ensure that staff can perform the IPAC skills required of their role.

Sources: Interview with IPAC lead, and IPAC Standard (April 2022, Revised September 2023).