

Ministry of Long-Term Care

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

North District

159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965

Public Report

Report Issue Date: April 24, 2025

Inspection Number: 2025-1549-0002

Inspection Type:

Critical Incident

Licensee: Corporation of the County of Simcoe

Long Term Care Home and City: Georgian Manor Home for the Aged,
Penetanguishene

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 14-17, 2025

The following intake(s) were inspected:

- Three intakes, related to disease outbreaks; and
- One intake, related to an environmental hazard

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

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC # Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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

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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 licensee has failed to ensure that the IPAC standard and directives related to IPAC were implemented in the home, related to hand hygiene (HH).

A Personal Support Worker (PSW) was observed donning personal protective equipment (PPE) without performing hand hygiene.

Sources: Observation of a PSW; a resident's progress notes; interview with a PSW.

WRITTEN NOTIFICATION: Infection Prevention and Control Program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

The licensee has failed to ensure that symptoms indicating the presence of infection in residents were monitored on every shift.

Symptom monitoring for two residents displaying symptoms was not completed on every shift.

Sources: Two resident's progress notes; interview with the Infection Prevention and

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Control (IPAC) Lead and DOC.

WRITTEN NOTIFICATION: Emergency Plans

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (4) 2. ii.

Emergency plans

s. 268 (4) The licensee shall ensure that the emergency plans provide for the following:

2. Evacuation plans for the home, including, at a minimum,
 - ii. identification of a safe evacuation location for which the licensee has obtained agreement in advance that residents, staff, students, volunteers and others can be evacuated to,

The licensee has failed to ensure that the home's evacuation plan included identification of a safe evacuation location for which the licensee has obtained agreement in advance that residents, staff, students, volunteers and others can be evacuated to.

The home's Emergency response plans did not contain information on the identification of a safe evacuation location in the event of an evacuation, and the Administrator confirmed that there was not a current agreement in place with a location to be utilized as a safe evacuation location.

Sources: The home's copy of the Emergency Response Plan; interview with the Administrator.

WRITTEN NOTIFICATION: Emergency Plans

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 268 (10) (a)

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Emergency plans

s. 268 (10) The licensee shall,

(a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

The licensee has failed to ensure that the emergency plan related to loss of essential services was tested on an annual basis.

The Administrator verified that there was no annual test conducted of the emergency plan for loss of essential services, including loss of electricity in the home.

Sources: The home's Emergency Code records; interview with the Administrator.

WRITTEN NOTIFICATION: Emergency Plans

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 271 (1) (f)

Website

s. 271 (1) Every licensee of a long-term care home shall ensure that they have a website that is open to the public and includes at a minimum,

(f) the current version of the emergency plans for the home as provided for in section 268;

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The licensee has failed to ensure that the home's emergency plans were included on the home's website.

The Inspector and the Administrator viewed the home's website and could not locate the home's emergency plans.

Sources: The home's website; interview with the Administrator.

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