

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

Sudbury Service Area Office  
159 Cedar St, Suite 403  
Canada, ON, P3E 6A5  
Telephone: (800) 663-6965  
sudburysao.moh@ontario.ca

## Original Public Report

<b>Report Issue Date:</b> October 13, 2022	
<b>Inspection Number:</b> 2022-1255-0001	
<b>Inspection Type:</b> Critical Incident System	
<b>Licensee:</b> Geraldton District Hospital	
<b>Long Term Care Home and City:</b> Geraldton District Hospital, Geraldton	
<b>Lead Inspector</b> Lauren Tenhunen (196)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The Inspection occurred on the following dates:  
September 21-23, 2022.

The following intake was inspected:

- one intake related to a resident fall with injury.

Infection Prevention and Control  
Falls Prevention and Management

## INSPECTION RESULTS

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## 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)**  
O.Reg. 246/22, s. 102(7)11.

The licensee has failed to ensure that the hand hygiene program for residents was implemented.

### Rationale and Summary

Hand hygiene (HH) for residents was not observed prior to lunch service.

Staff reported that they used warm wet towels to wash resident hands before meals, but this was not observed.

The Acting Long-Term Care (LTC) Manager and the Acting Chief Nursing Executive (CNE) were informed of the observations of no HH prior to resident's lunch meal.

Observations of a lunch service, identified staff assisting with HH with alcohol-based hand rub (ABHR), and offering ABHR to residents to use.

The lack of HH prior to the lunch meal posed a minimal risk to the residents.

Sources: observations of a lunch service; homes' policy titled, "Best Practices for Hand Hygiene in All Health Care Settings" page 14; and interviews with two staff members.[196]

Date Remedy Implemented: September 23, 2022.

## WRITTEN NOTIFICATION: Directive by Minister

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**  
Non-compliance with: FLTCA, 2021, s. 184 (3)

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The licensee failed to ensure that the Minister's Directive was complied with, specific to universal masking and conducting of IPAC audits biweekly.

**Rationale and Summary**

Two staff members were observed with their masks incorrectly positioned.

According to the Support Services Supervisor (SSS), staff were to wear a mask from the time they had entered the building to the time they had left.

The home's most recent Infection Prevention and Control (IPAC) audit was reviewed.

The Acting Long-Term Care (LTC) Manager and Acting Chief Nursing Executive (CNE) confirmed that this IPAC audit had not been conducted biweekly.

There was minimal risk of harm to the residents as the home was not in a COVID-19 outbreak at the time of the observations and audit review.

Sources: Observation conducted of lunch service; review of the home's most recent audit, and the "Minister's Directive: COVID-19 response measures for long-term care homes"; Interviews with the Support Services Supervisor (SSS), the Acting LTC Manager and Acting Chief Nursing Executive.

[196]