

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137
hamiltondistrict.mlhc@ontario.ca

Original Public Report

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| Report Issue Date: November 29, 2022 | |
| Inspection Number: 2022-1550-0001 | |
| Inspection Type: Critical Incident System | |
| Licensee: The Regional Municipality of Niagara | |
| Long Term Care Home and City: Gilmore Lodge, Fort Erie | |
| Lead Inspector Sydney Withers (740735) | Inspector Digital Signature |
| Additional Inspector(s) Angela Finlay (705243) | |

INSPECTION SUMMARY

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| <p>The Inspection occurred on the following date(s): November 4, 7-10, 2022</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Intake: #00001298 was related to administration of medication; and • Intake: #00002124 was related to falls prevention and management. |
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Medication Management
- Falls Prevention and Management
- Reporting and Complaints

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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)

O. Reg. 246/22, s. 268 (4) 3.

The Licensee has failed to ensure that the hand hygiene products within the home have not expired.

Rationale and Summary

On November 4, 2022, during an Infection Prevention and Control (IPAC) tour of the home, two expired wall-mounted alcohol-based hand rub (ABHR) bags were observed in two different resident home areas (RHA). One dispenser was located inside a contact precaution room, and another was located on a wall in one of the home's dining areas. An interview with a housekeeper on November 4, 2022, confirmed that the product was expired and they replaced the ABHR bag in the dining area promptly.

In an interview on November 7, 2022, the IPAC Lead was made aware of the concern with the ABHR expiry dates. During a discussion on the same day with the Administrator, they stated the home had assigned one staff member per each of the four RHAs to check all wall-mounted ABHR dispensers and ensure all expired ABHR bags were replaced. On November 7, 2022, inspector observed the contact precaution room and confirmed that the expired ABHR was replaced with a new bag.

There was minimal risk to residents as the RHAs where expired ABHR was observed were not involved in the home's COVID-19 outbreak.

Sources: Observations of ABHR on November 4 and 7, 2022; and interviews with staff.

Date Remedy Implemented: November 7, 2022

[740735]

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WRITTEN NOTIFICATION: Directives by Minister

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

The Licensee has failed to ensure that where the Act required the Licensee of a long-term care home to carry out every Minister's Directive, the Directive was complied with.

Rationale and Summary

In accordance with the Minister's Directive: COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities, effective June 10, 2022, the Licensee was required to ensure that all health care workers providing direct care to or interacting with, a suspect or confirmed case of COVID-19 wear a fit-tested, seal-checked N95 respirator (or approved equivalent).

On November 7, 2022, a staff member providing care to a resident with suspected or confirmed COVID-19 was observed wearing two medical masks in place of an N95 respirator. Additional precaution signage, including a poster indicating an N95 mask must be worn for COVID-10 positive residents, was present on the resident room door. The PPE bin outside of the room contained adequate supply of N95 respirators.

An interview with a personal support worker indicated that the resident was isolated on additional precautions due to suspected or confirmed COVID-19 and that the expectation is to wear an N95 respirator when entering this room. An interview with the home's IPAC Lead confirmed the home's expectation that when staff are inside the room of a resident with suspected or confirmed COVID-19, they are expected to wear an N95 respirator.

The staff member was solely providing care to one resident on this day, therefore posing a lower risk to other residents on the outbreak unit.

Sources: Observation of resident room on November 7, 2022; and interviews with staff.

[740735]

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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WRITTEN NOTIFICATION: Administration of Drugs

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

Non-compliance with: O. Reg. 79/10, s. 131 (1)

The licensee has failed to ensure that no drug was administered to a resident unless the drug had been prescribed for the resident.

Rationale and Summary

On a day in December 2021, a nurse administered a medication to a resident and did not check for any resident identifiers prior to the administration to confirm it was the correct resident. The resident who received the medication was not the correct resident and did not have any prescriptions for the medication that was administered.

Administering medication to a resident without it being prescribed to them may have placed them at risk of harms associated with that medication.

Sources: Resident's clinical records; Medication Incident Report & Analysis; and interviews with staff.

[705243]