

**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**Sudbury Service Area Office
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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
Jun 23, 2021	2021_745690_0016	004769-21, 006393-21	Critical Incident System

Licensee/Titulaire de permisIOOF Seniors Homes Inc.
20 Brooks Street Barrie ON L4N 7X2**Long-Term Care Home/Foyer de soins de longue durée**IOOF Seniors Home
10 Brooks Street Barrie ON L4N 5L3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TRACY MUCHMAKER (690)

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): June 14-18, 2021.

The following intakes were completed in this Critical Incident inspection (CIS):
-One log, which was a critical incident the home submitted to the Director related to an allegation of resident to resident abuse; and
-One log, which was a critical incident the home submitted related to an unexpected death.

During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Care (DOC), Infection Prevention and Control (IPAC) Lead, Registered Dietitian (RD), Director of Food Services, Manager of Facilities and Environment, Maintenance Assistant, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Care Support Assistants (CSA), Dietary Aides, Housekeepers, and residents.

During the course of the inspection, the Inspector(s) also conducted a daily tour of the resident care areas, observed the provision of care and services, Infection Control and Prevention (IPAC) practices, cooling requirements, dining service, staff to resident interactions, resident to resident interactions, and reviewed internal documents, and policies and procedures.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Nutrition and Hydration
Responsive Behaviours
Safe and Secure Home

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 :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program.

In accordance with Public Health Ontario, Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, November 2012, homes were required to have signage specific to the type(s) of additional precautions posted. A sign that lists the required precautions was to be posted at the entrance to the resident's room or bed space.

Furthermore, home's policy titled "Signage for Infection Prevention and Control", indicated that signage used for Infection Prevention and Control would be posted on the resident's door when additional precautions were required.

During the inspection, the Inspector observed two resident rooms that had yellow isolation caddies with Personal Protective Equipment (PPE) in them hanging on the door to the room. There was no signage posted on either of the doors.

During interviews with two Registered staff members, and the Director of Care (DOC), they verified that the residents were placed in isolation, with a specified type of additional precautions and that there should have been a sign posted on the resident's door to indicate the type of precautions that were in place.

Sources: Observations of two residents, interviews with staff and the DOC, the home's policy titled "Signage for Infection Prevention and Control ICM 14-00-02", Public Health Ontario, Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, November 2012. [s. 229. (4)]

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 staff participate in the Infection Prevention and Control Program, to be implemented voluntarily.

Issued on this 24th day of June, 2021

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

Original report signed by the inspector.