

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 22, 2021	2021_943988_0006	003044-21	Critical Incident System

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**Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 Mississauga ON L4W 0E4

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**Long-Term Care Home/Foyer de soins de longue durée**

Kilean Lodge  
83 Main Street East Grimsby ON L3M 1N6

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**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

PARMINDER GHUMAN (706988), YULIYA FEDOTOVA (632)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): December 3, 6, 7, 8, 9, 10 & 13, 2021.**

**The following intake was completed during this Critical Incident System (CIS) inspection:**

**Log #003044-21 (CIS# 1866-000002-21) related to fall with injury.**

**The following Complaint inspection # 2021\_943988\_0005 was completed concurrently with this CIS inspection:**

**Log #004022-21 related to staffing; and**

**Log #019521-21 related to falls.**

**During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Resident Assessment Instrument (RAI) Coordinator, Environmental Services Manager (ESM), registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), family members and residents.**

**During the course of the inspection, the inspectors toured the home and completed the IPAC checklist, observed residents and staff interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Pain**

**Skin and Wound Care**

**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**

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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 failed to ensure that all staff participated in the implementation of the Infection Prevention and Control program.

It was observed that nine out of nine residents were not offered or provided assistance with their hand hygiene before lunch.

It was observed that seven out of ten residents were not offered or provided assistance with their hand hygiene before afternoon snack.

During the inspection, the registered staff confirmed that hand hygiene was to be offered to the residents before and after meals.

Routine Practices and Additional Precautions Policy stated that proper hand hygiene and additional precautions were to be provided to all residents to minimize the risk of spreading infection. Routine Practices and Additional Precautions Procedure stated that procedural reminders should be posted above public hand hygiene stations and hand hygiene washing areas/sinks and common areas, which were noted in the dining room during the lunch observation.

The residents were at risk of potential infection as they were not encouraged or assisted with their hand hygiene prior to their lunch and afternoon snack.

Sources: Observations; Routine Practices and Additional Precautions Policy and Procedure; interview with registered staff.

***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 all staff participate in the implementation of the program, to be implemented voluntarily.***

**Issued on this 24th day of December, 2021**

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

**Original report signed by the inspector.**