Ontario

**Ministry of Long-Term Care**

**Ministère des Soins de longue durée**

# 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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## Public Copy/Copie du rapport public

| Report Date(s) / Date(s) du Rapport | Inspection No / No de l'inspection | Log # / No de registre | Type of Inspection / Genre d'inspection |
|---|---|---|---|
| Oct 26, 2021 | 2021_892762_0006 | 009657-21 | Critical Incident System |

### Licensee/Titulaire de permis

Poranganel Holdings Limited
2231 Medhat Drive Mississauga ON L5B 2E3

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

King City Lodge Nursing Home
146 Fog Road King City ON L7B 1A3

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

MOSES NEELAM (762), AMANDEEP BHELA (746)

## 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): October 19-20, 2021**

**During this critical incident system inspection (CIS) the following intakes were reviewed:**
**- Log / CIS, in relation to an incidet that lead to an injury**

**During the course of the inspection, the inspector(s) spoke with the Executive Director/ Director of Care (ED)/ (DOC), Director of Clinical Care and Quality (DOCCQ), Infection Prevention and Control Lead (IPAC), Housekeeper, Registered Nurse (RN), and Personal Support workers**

**During the course of this inspection, the inspector(s), reviewed resident records, policies, and conducted observations on resident units.**

**The following Inspection Protocols were used during this inspection:**
**Falls Prevention**
**Infection Prevention and Control**

**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<br><br>WN – Written Notification<br>VPC – Voluntary Plan of Correction<br>DR – Director Referral<br>CO – Compliance Order<br>WAO – Work and Activity Order | Légende<br><br>WN – Avis écrit<br>VPC – Plan de redressement volontaire<br>DR – Aiguillage au directeur<br>CO – Ordre de conformité<br>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).<br><br>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.<br><br>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. (3) The licensee shall designate a staff member to co-ordinate the program who has education and experience in infection prevention and control practices, including,**
**(a) infectious diseases; O. Reg. 79/10, s. 229 (3).**
**(b) cleaning and disinfection; O. Reg. 79/10, s. 229 (3).**
**(c) data collection and trend analysis; O. Reg. 79/10, s. 229 (3).**
**(d) reporting protocols; and O. Reg. 79/10, s. 229 (3).**
**(e) outbreak management. O. Reg. 79/10, s. 229 (3).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was a designated staff member to co-ordinate the Infection Prevention and Control (IPAC) program with education and experience in IPAC practices including infectious disease, cleaning and disinfection, data collection and trend analysis, reporting protocols, and outbreak management.

During an interview, the Director of Clinical Care and Quality indicated they had been supporting the home's IPAC program since July 2021, the previous DOC who was supporting the home's IPAC program left in June 2021. The Director of Clinical Care and Quality stated that they had not received any education in IPAC and had been supporting the home based on previous experience. The next day following the interview, the Administrator/ Director of Care informed the inspector that the Director of Clinical Care and Quality will be enrolled in an IPAC course. As a result, the Long-Term Care home was at risk for ensuring that appropriate IPAC protocols are followed based on current best practice requirements.

Sources: Interview with the Director of Clinical Care and Quality and Executive Director/ DOC; Review of IPAC's education credentials [s. 229. (3)] [s. 229. (3)]

***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 the staff member designated to co-ordinate the infection control program has education and experience in infection prevention and control practices, including, (a) infectious diseases; (b) cleaning and disinfection; (c) data collection and trend analysis; (d) reporting protocols; and (e) outbreak management., to be implemented voluntarily.***

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**Issued on this 4th day of November, 2021**

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

**Original report signed by the inspector.**