

**Ministry of Long-Term Care**  
Long-Term Care Operations Division  
Long-Term Care Inspection Branch

**London District**  
130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775  
londondistrict.mltc@ontario.ca

## Amended Public Report (A1)

<b>Report Issue Date:</b> December 19, 2022	
<b>Inspection Number:</b> 2022-1495-0002	
<b>Inspection Type:</b> Follow up Critical Incident System	
<b>Licensee:</b> Knollcrest Lodge	
<b>Long Term Care Home and City:</b> Knollcrest Lodge, Milverton	
<b>Inspector Who Amended The Licensee Report</b> Tatiana Pyper (733564)	<b>Inspector Who Amended The Licensee Report Digital Signature</b>

## AMENDED INSPECTION SUMMARY

An administrative change to the inspection report was required, to ensure the correct Inspection number was used in the previously issued Compliance Order section of the report. There is no change to the narrative of the finding(s)/ground(s) or the determination of compliance.

## INSPECTION SUMMARY

The Inspection occurred on the following date(s):  
December 6, 2022  
December 7, 2022

The following intake(s) were inspected:

- Intake: #00001538-(CIS: 2996-000004-22) related to Falls Prevention and Management.
- Intake: #00007056-Follow up to Compliance Order (CO) #002 issued on August 30, 2022 under Inspection Report #2022\_1495\_0001, related to O.Reg. 246/22 s.102 (8), Infection Prevention and Control, with a compliance due date of October 28, 2022

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- Intake: #00007676-Follow up to High Priority C) #001 issued on August 30, 2022 under Inspection Report #2022\_1495\_0001, related to FLTCA, 2021 s.6 (7), Plan of Care, with a compliance due date of September 30, 2022

## Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2022-1495-0001 related to LTCHA, 2007 S.O. 2007, c.8, s. 6 (7) inspected by Tatiana Pyper (733564)

Order #002 from Inspection #2022-1495-0001 related to O.Reg. 246/22, s. 102 (8) inspected by Tatiana Pyper (733564)

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

Infection Prevention and Control  
Falls Prevention and Management

## 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. 102 (8)

Non-compliance with: O. Reg. 246/22 s.102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the Infection

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Prevention and Control Program.

A staff member was observed wearing gloves while serving residents at multiple tables in the dining room. The staff member stated that they had been wearing gloves when serving residents for the past couple of months.

In an interview, Infection Prevention and Control (IPAC) Lead stated that the staff member wearing gloves when serving residents did not meet the expectations of the home.

In an interview, Huron Perth Public Health Unit Public Health Inspector stated that "Gloves are not necessary and do not need to be worn. They can limit a staff's ability to be cognizant of when they are soiled/should be changed and when to perform hand hygiene. Hand hygiene should be performed before serving and when hands are visibly soiled or have touched a dirty surface." Public Health Inspector stated that the staff member wearing gloves when serving residents did not meet the Infection Prevention and Control best practices.

Sources: Observations of IPAC practices in the home, interview with staff member, IPAC Lead, and Public Health Inspector.

[733564]

Date Remedy Implemented: December 7, 2022