

**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**Central West 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
Dec 22, 2021	2021_836766_0021	013687-21, 016337- 21, 018343-21, 018701-21, 019589-21	Critical Incident System

Licensee/Titulaire de permisCorporation of the County of Grey
595 9th Avenue East Owen Sound ON N4K 3E3**Long-Term Care Home/Foyer de soins de longue durée**Lee Manor Home
875 Sixth Street East Owen Sound ON N4K 5W5**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KATY HARRISON (766)

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): December 14-17, 20, 2021.

The following intakes were completed during this inspection:

Log #016337-21, related to falls.

Log #018343-21, related to falls.

Log #018701-21, related to falls.

Log #019589-21, related to falls.

Log #013687-21, related to infection prevention and control.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Acting Assistant Director of Care/Infection Control Lead (ADOC), Registered Nurse/Clinical Infection Control Lead (RN), Registered Practical Nurse (RPN), Personnel Support Worker (PSW) and Housekeeper.

The Inspector also conducted a tour of the home, observed infection prevention and control practices, the provision of resident care, staff-resident interactions, conducted resident and staff interviews, reviewed resident's clinical records, critical incident system reports, and the homes staff training records pertaining specifically to hand hygiene and donning/doffing of Personal Protective Equipment (PPE).

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Skin and Wound Care

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During the course of this inspection, Non-Compliances were not issued.

0 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (4)	CO #001	2021_823653_0020	766

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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.

Issued on this 22nd day of December, 2021

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

Original report signed by the inspector.