

Original Public Report

Report Issue Date	May 4, 2022		
Inspection Number	2022_1315_0002		
Inspection Type	<input checked="" type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-Up <input type="checkbox"/> Director Order Follow-up <input type="checkbox"/> Proactive Inspection <input type="checkbox"/> SAO Initiated <input type="checkbox"/> Post-occupancy <input type="checkbox"/> Other _____		
Licensee	2063414 Ontario Limited as General Partner of 2063414 Investment LP		
Long-Term Care Home and City	Barnswallow Place Care Community, Elmira		
Lead Inspector	Janis Shkilnyk (706119)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 20-22 and 25, 2022

The following intake(s) were inspected:

- Log #: 005366-22 related to an incident that caused and injury to a resident for which the resident was taken to hospital and which resulted in a significant change in health status.
- Log #: 003266-22 Follow-up to CO#001 from inspection #2022_922119_0004 regarding r. 229. (4), CDD Mar 25, 2022

Previously Issued Compliance Order(s)

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

Legislative Reference	Inspection #	Order #	Inspector (ID) who complied the order
O. Reg. 79/10	229 (4)	2022_922119_0004	001 Janis Shkilnyk (706119)

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

- Falls Prevention and Management
- Infection Prevention and Control (IPAC)

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 (2) (b) and IPAC Standard

The licensee failed to ensure that the hand hygiene program included access to hand hygiene agents, including 70-90% alcohol-based hand rub.

During observations on April 20, 2022, pump bottles were observed with a stick-on label covering the word Purrell in hallways and resident home areas. No alcohol-based percentage was identified was on the label or bottle. The label was titled x-pure antimicrobial hand spray solution.

The Director of Environmental Services removed all pump bottles with a stick-on label and replaced these with alcohol-based hand rub, labeled 70-90% alcohol. There was no impact and low risk to the residents for infection as 70-90% alcohol-based hand rub was available throughout the home. The stick-on labelled bottles were removed and replaced with correctly labeled alcohol-based hand rub.

Date Remedy Implemented: April 20, 2022 (706119)

WRITTEN NOTIFICATION PLAN OF CARE

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

<p>Non-compliance with: LTCHA, 2007 s. 6 (7)</p> <p>The licensee has failed to ensure that the care set out in the plan of care for a resident was provided to the resident as specified in the plan, as it related to bed mobility.</p> <p>Rationale and Summary</p>	
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<p>The resident fell from bed to floor during care in bed. Interventions identified on the resident’s plan of care documented the resident required total assistance from two staff to turn and reposition in bed. The staff member turned the resident in bed alone. The resident was later found to have an injury and required transfer to hospital.</p> <p>The home’s failure to follow the resident care plan related to bed mobility resulted in an injury to the resident.</p> <p>Sources:</p> <p>Observation of the resident, review of the resident’s clinical records, interviews with DOC, PSW #109, review of the critical incident, home’s investigative notes. (706119)</p>

WRITTEN NOTIFICATION INFECTION CONTROL PROGRAM

NC#003 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

<p>Non-compliance with: O. Reg. 246/22 s. 272</p> <p>The licensee has failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health, or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.</p> <p>Rationale and Summary</p> <p>COVID-19 Directive #3 for Long-Term Care Homes under the Long- Term Care Homes Act, 2007 Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, revised on March 14, 2022, outlines homes must conduct regular IPAC self-audits. COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, Version 4 – February 3, 2022, requires at a minimum, homes to include in their self-audit Public Health Ontario’s COVID-19: Self Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.</p> <p>Record review of the home’s infection control audits documented resident hand hygiene audits related to resident hand hygiene before and after meals and snacks only. The audits provided for review by the home did not include at a minimum; staff four points of hand hygiene, cleaning and disinfecting audits or PPE stockpile audits. This posed a risk to residents as staff, environment and supplies were not being audited for IPAC compliance.</p> <p>The DOC was unable to confirm in an interview, how frequently IPAC auditing was occurring in the home. The DOC was unsure if the self assessment tool for long term care and retirement homes had been done.</p> <p>Sources:</p>

Directive #3, revised March 2022, DOC interview, completed resident hand hygiene audits. (706119)	
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