

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**London District**

130 Dufferin Avenue, 4th Floor  
London, ON, N6A 5R2  
Telephone: (800) 663-3775

**Public Report**

**Report Issue Date:** January 13, 2025

**Inspection Number:** 2024-1572-0004

**Inspection Type:**

Critical Incident

**Licensee:** The Corporation of the County of Lambton

**Long Term Care Home and City:** North Lambton Lodge, Forest

**INSPECTION SUMMARY**

The inspection occurred onsite on the following date(s): January 7-10, 13, 2025

The inspection occurred offsite on the following date(s): January 8, 2025

The following intake(s) were inspected:

- Intake: #00129145 related to Falls Prevention and Management.
- Intake: #00130301 related to Infection Prevention and Control.

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

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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)

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The home has failed to ensure that a resident's required falls prevention interventions were provided, as specified in their plan of care on January 8, 2025, when:

- a) A resident was observed using their mobility device without a falls prevention intervention in place.
- b) A resident's bed was observed to not have a falls prevention intervention in place.

On January 8, 2025 the home put in place a falls prevention intervention on a resident's bed and mobility device as per their plan of care.

**Sources:** Observation of a resident's bed and mobility device, review of a resident's care plan, interviews with staff.

**WRITTEN NOTIFICATION: IPAC Standard 9.1 (b) related to hand hygiene**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

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The licensee failed to ensure compliance with any standard or protocol issued by the Director with respect to infection prevention and control; related to the IPAC Standard section 9 Routine Practices: 9.1(b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);

A staff member was observed to not comply with routine hand hygiene practices prior to accessing the personal protective equipment (PPE) tower and donning outside of two resident rooms:

**Sources:** Staff observation of infection prevention and control practices, review of the home's "Routine Practices" policy, interviews with staff.