

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

Original Public Report

Report Issue Date: February 22, 2024	
Inspection Number: 2024-1137-0001	
Inspection Type: Critical Incident	
Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.	
Long Term Care Home and City: Secord Trails Community, Ingersoll	
Lead Inspector Ali Nasser (523)	Inspector Digital Signature
Additional Inspector(s) Inspector Stephanie Newton (000820) was present during this inspection.	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 20, 21, 2024

The following intake(s) were inspected:

- Intake: #00101153, related to a resident's fall.
- Intake: #00108322, related to an outbreak.

The following intakes were completed in this inspection: Intake #00096458, Intake #00097437, Intake #00100108, and Intake #00100627, related to residents' falls.

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

- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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 licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

Rational and Summary:

The home submitted a Critical Incident System (CIS) report, related to a resident's fall.

A clinical record review for the resident showed a specific falls prevention intervention that was not implemented at the time of the fall.

In an interview the DOC said the expectation was for care to be provided to the resident as per the plan of care.

There was a risk to the resident when their care was not implemented as per their plan of care.

Sources: resident record and interviews. [523]

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WRITTEN NOTIFICATION: Staff annual training

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

Non-compliance with: FLTCA, 2021, s. 82 (4)

Training

s. 82 (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

The licensee has failed to ensure that the persons who have received training under subsection (2) received retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations.

Rational and Summary:

O. Reg. 246/22, s. 260. (1) stated "The intervals for the purposes of subsection 82 (4) of the Act are annual intervals."

In an interview the Team Member Experience Coordinator said there were specific staff members did not receive their training due to a system error.

The Administrator and the DOC said they had assigned the annual mandatory training to the staff to be completed before their next assigned shift and they would be working to identify the reason for the system error.

There was a risk associated with the specific staff not receiving their annual training.

Sources: training records and staff interviews. [523]

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WRITTEN NOTIFICATION: IPAC Audits

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

Non-compliance with: FLTCA, 2021, s. 184 (3)

Directives by Minister

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to carry out every operational or policy directive that applies to the long-term care home.

Rational and Summary:

The COVID-19 guidance document for long-term care homes in Ontario As of November 7, 2023, Included: "IPAC Audits: Homes must complete IPAC audits at least quarterly, in alignment with the requirement under the IPAC standard. When a home is in COVID-19 outbreak, IPAC audits must be completed weekly."

During interviews specific staff members said the IPAC audits were not completed weekly as required as they thought the audits were to be completed monthly.

There was a risk to residents by not having the audits completed weekly during an outbreak.

Sources: Minister's Directive, COVID-19 guidance document for long-term care homes, staff interviews. [523]