

**Amended Public Report (A1)**

<b>Report Issue Date</b>	November 1, 2022		
<b>Inspection Number</b>	2022-1324-0002		
<b>Inspection Type</b>			
<input type="checkbox"/> Critical Incident System	<input checked="" type="checkbox"/> Complaint	<input 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	_____		
<b>Licensee</b>	Barrie Long Term Care Centre Inc.		
<b>Long-Term Care Home and City</b>	Roberta Place, Barrie		
<b>Inspector who Amended</b>	<b>Inspector who Amended Digital Signature</b>		
Amanda Belanger (736)			

**MODIFIED PUBLIC INSPECTION REPORT SUMMARY**

Amended inspection report number that orders were issued in for complied and closed orders.

**INSPECTION SUMMARY**

The Inspection occurred on the following date(s): October 4-7, 2022.

- The following intake(s) were inspected:
- One intake related to Compliance Order (CO) #001, issued in report #2022\_1324\_0001, related to section (s.) 24(1) of the Fixing Long Term Care Act (FLTCA), 2021, regarding duty to protect residents from abuse, with a compliance due date (CDD) of September 9, 2022;
  - One intake related to CO #002, issued in report #2022\_1324\_0001, related to s. 28(1) of the FLTCA, 2021, regarding reporting certain matter to the Director, with a CDD of September 2, 2022; and,
  - One intake related to a complaint submitted to the Director, alleging physical abuse of resident by staff.

### 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
FLTCA, 2021	s. 24 (1)	2022_1324_0001	#001	736

### Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be **CLOSED**.

Legislative Reference		Inspection #	Order #	Inspector (ID) who inspected the order
FLTCA, 2021	s. 28 (1)	2022_1324_0001	#002	736

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

- Prevention of Abuse and Neglect
- Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting to the Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

The licensee has failed to ensure that an allegation of staff to resident abuse was immediately reported to the Director.

#### Rationale and Summary

A resident brought forward an allegation of staff to resident abuse involving another resident. The resident indicated to the Administrator, that they believed that they had witnessed staff moving the other resident in an inappropriate manner.

The acting Administrator indicated that based on the other resident's account of the situation, it was an allegation of abuse that should have been reported to the Director and had not been.

**Sources:** Internal Concern/Complaint form; licensee policy titled "LTC Mandatory Reporting to MOLTC of Critical Incidents", last revised June 2022; interviews with the resident, acting Administrator, and other staff.

[736]

## WRITTEN NOTIFICATION: 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)

The licensee has failed to ensure that the hand hygiene program was implemented within the home, in accordance with the Infection Prevention and Control (IPAC) standards.

#### Rationale and Summary

The Inspector observed staff members bring residents into the dining room, however no hand hygiene was offered to the residents prior to the meal service commencing. The Inspector also observed an RPN administer medications to various residents, however, no hand hygiene was performed between contacts with the residents and their environment.

In an interview with the IPAC lead, they indicated that hand hygiene was to be offered to residents prior to the start of meal service, and that the nursing staff were to perform hand hygiene between each medication administration, as part of the home's hand hygiene program.

**Sources:** Inspector observations; licensee policy titled "Hand Hygiene Program", last revised August 2022; and, interview with IPAC lead and other staff.  
[736]