

**Ministry of Long-Term Care**

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

**Central West District**

609 Kumpf Drive, Suite 105  
Waterloo, ON, N2V 1K8  
Telephone: (888) 432-7901

## Public Report

**Report Issue Date:** August 7, 2025

**Inspection Number:** 2025-1506-0005

**Inspection Type:**

Critical Incident  
Follow up

**Licensee:** St. Joseph's Health System

**Long Term Care Home and City:** St. Joseph's Health Centre, Guelph, Guelph

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 5-7, 2025

The following intake(s) were inspected:

- Intake: #00149906 - Follow-up #: 1 - CO #001 / 2025\_1506\_0004, FLTCA, 2021 - s. 24 (1)
- Intake: #00150745 - related to a resident fall

## Previously Issued Compliance Order(s)

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

Order #001 from Inspection #2025-1506-0004 related to FLTCA, 2021, s. 24 (1)

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

Infection Prevention and Control

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Prevention of Abuse and Neglect  
Falls Prevention and Management

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Orientation

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

**Non-compliance with: FLTCA, 2021, s. 82 (2) 9.**

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

9. Infection prevention and control.

The licensee failed to ensure that a Registered Practical Nurse (RPN) received training on infection prevention and control, prior to performing their responsibilities.

Sources: Staff training records; E-mail correspondence from the DOC.

### WRITTEN NOTIFICATION: Infection prevention and control program

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

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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).

The licensee failed to ensure that the standard issued by the Director with respect to Infection Prevention and Control (IPAC), was implemented.

The IPAC Standard for Long-Term Care Homes (LTCHs), revised in September 2023, section 5.4 (e), indicates that the licensee shall ensure that the policies and procedures for the IPAC program also addresses policies and procedures for the hand hygiene program as a component of the overall IPAC program.

The home's Hand Hygiene Policy and Procedure indicated that all staff, particularly those in resident-facing positions, must perform hand hygiene according to the Four Moments of Hand Hygiene and at any other time when clinically indicated.

During an observation period, an RPN did not perform hand hygiene in accordance with the home's Hand Hygiene Policy and Procedure.

Sources: Inspector's observation; Hand Hygiene Policy revised in April 2025, Hand Hygiene Procedure revised in April 2025; Interviews with staff and the Director of Care (DOC).