

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

Original Public Report

Report Issue Date: March 12, 2024	
Inspection Number: 2024-1307-0001	
Inspection Type: Critical Incident	
Licensee: The Royale Development LP by its general partner, The Royale Development GP Corporation	
Long Term Care Home and City: Woods Park Community & Retirement Living, Barrie	
Lead Inspector Yami Salam (000688)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 28, 29, 2024 and March 1, 4-, 2024.

The following intake(s) were inspected:

- Intake: #00097498 - related to use of Glucagon
- Intake: #00102131 - related to COVID-19 outbreak
- Intake: #00104086 - related to injury of unknown cause

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

Skin and Wound Prevention and Management
Medication Management
Infection Prevention and Control
Pain Management
Falls Prevention and Management

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 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of the care set out in the plan of care was documented.

Rational and summary:

A resident was administered two doses of a medication; however, the administration of the second dose was not documented.

The Director of Care (DOC) stated that the medication record should have been documented into the resident's Medical Administration Records.

There was a risk of missed medication reassessments when the resident's medication administration was not documented.

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Source: Review of the resident's medical records interview with Director of care and other staff. [000688]

WRITTEN NOTIFICATION: Directives by Minister

NC #002 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 ensure that the home carried out the policy directive related to residents hand hygiene .

Rationale and Summary:

As per guidelines outlined in the home's policy, Hand Hygiene, IX-G-10.10 (last revised 11/2023), staff members are required to wash residents' hands before and after meals. When dealing with visibly soiled hands, the recommended approach is to use soap and water; otherwise, the preferred hand hygiene method is Alcohol-Based Hand Rub (ABHR).

Inspector observed multiple residents did not receiving assistance with hand hygiene using Alcohol-Based Hand Rub (ABHR) after their meal.

Infection Prevention and Control (IPAC) lead stated that as per the home's policy, staff members are expected adhere to hand hygiene protocols, utilizing ABHR after meals for the residents.

By not performing hand hygiene after meals, there was an increased risk of disease transmission among the residents and staff.

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Sources: Lunch service observation , Home's hand hygiene policy titled Hand Hygiene, IX-G-10.10 , 06/2006 (Last revised 11/2023), review of resident after meal/snack hand hygiene stats, interviews with IPAC lead and other staff. [000688]

WRITTEN NOTIFICATION: Medication management system

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

Non-compliance with: O. Reg. 246/22, s. 123 (3) (a)

Medication management system

s. 123 (3) The written policies and protocols must be,

(a) developed, implemented, evaluated and updated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices; and

The licensee has failed to ensure that policies and protocols was implemented for a resident.

Rationale and Summary:

The home's hypoglycemia management protocol directed staff to follow specific guidelines. However, the protocol was not followed by registered staff for a resident.

Interviews conducted with multiple registered staff members revealed that staff did not follow the protocol.

Failure to implement the Long Term Care Home's policy may have impacted the resident's health.

Sources: resident's clinical records; Diabetes Management - Hypoglycemia, VIII-C-10.30 Policy (last revised December 2023); interviews with Director of care and other staff. [000688]