

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée**

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

**Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 30, 2022	2022_834524_0010	020530-21	Follow up

Licensee/Titulaire de permis

County of Oxford
21 Reeve Street Woodstock ON N4S 7Y3

Long-Term Care Home/Foyer de soins de longue durée

Woodingford Lodge - Tillsonburg
52 Venison Street West Tillsonburg ON N4G 1V1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

INA REYNOLDS (524)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): March 29, 2022.

The following intake was completed within this inspection:
Log # 020530-21 CO #001 from inspection #2021_563670_0030 / 017669-21
regarding Infection Prevention and Control.

During the course of the inspection, the inspector(s) spoke with the Manager, a Secretary, an Essential Worker, a Housekeeper and residents.

The inspector(s) also observed resident rooms and common areas, and infection prevention and control practices within the home.

The following Inspection Protocols were used during this inspection:
Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.

- 1 WN(s)
- 1 VPC(s)
- 0 CO(s)
- 0 DR(s)
- 0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 229. (4)	CO #001	2021_563670_0030		524

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

Conditions of licence

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Findings/Faits saillants :

1. The licensee has failed to complete the requirements of Compliance Order (CO) #001 from inspection #2021_563670_0030 served on December 9, 2021, with a Compliance Due Date (CDD) of December 30, 2021.

CO #001 issued in inspection #2021_563670_0030 regarding s. 229. (4) of the Ontario Regulation 79/10, ordered the home to complete the following from step d): Ensure the Essential Workers / Screeners and any other staff responsible for screening staff, students, volunteers and visitors upon entry into the home are trained on the process for active screening to ensure all required screening questions are answered appropriately. The home must keep a written record of the training that was provided and who attended with signatures, by December 30, 2021.

During an interview with Manager #100 on March 29, 2022, Inspector #524 requested the written training records information related to CO #001. Manager #100 stated that Essential Workers / Screeners and Registered staff were responsible for screening. Manager #100 said that they had trained five designated Essential Workers / Screeners but acknowledged that a written record of the training provided for all staff responsible for screening, including registered staff was not documented and had been missed.

Sources: The home's "MOH Compliance Inspection Corrective Action Plan" and interview with Manager #100 and other staff. [s. 101. (3)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to complete the requirements of Compliance Order (CO) #001 from inspection #2021_563670_0030 served on December 9, 2021, to be implemented voluntarily.

Issued on this 30th day of March, 2022

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.