

Original Public Report

Report Issue Date	May 12, 2022		
Inspection Number	2022_1614_0001		
Inspection Type	<input type="checkbox"/> Critical Incident System <input type="checkbox"/> Complaint <input checked="" 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 _____		
Licensee	Corporation of the Town of Kirkland Lake		
Long-Term Care Home and City	Teck Pioneer Residence, Kirkland Lake		
Lead Inspector	Karen Hill (704609)		Inspector Digital Signature

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 2, 3 and 4, 2022.

The following intake(s) were completed in this follow up inspection:

- One intake - Follow up to Compliance Order (CO) #001 from inspection #2022_989744_0001 related to staff implementation of the Infection Prevention and Control program.

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
O. Reg. 79/10 s. 229 (4)	2022_989744_0001	001	Karen Hill (704609)

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

- Infection Prevention and Control (IPAC)
- Medication Management

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22, s. 138. (1) (a) (ii)

The licensee has failed to ensure that medications for a resident were stored in an area that was secure and locked.

Rationale and Summary

During the inspection, two medication devices were observed stored outside a resident room.

A registered staff member indicated the medication devices belonged to a resident in that room; that after sanitizing the devices, they put them on the ledge to dry, and forgot them there.

After speaking with the Inspector, the registered staff member removed the medication devices to return them to a secure area. There was no impact and low risk to the residents in the home area at the time of the incident.

Sources: Observations; resident's electronic health record; and interviews with staff and Director of Care.

Date Remedy Implemented: May 2, 2022 [704609]

NC#002 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22 s. 272

The licensee has failed to ensure that Directive #3, issued by the Chief Medical Officer of Health, was followed in the home related to COVID-19 active screening for of all persons entering the home.

Rationale and Summary

COVID-19 Directive #3 identified that homes must ensure that all individuals were actively screened for symptoms and exposure history for COVID-19 before they were allowed to enter the home.

The "Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes", identified, at a minimum, the questions that needed to be asked when actively screening individuals who entered the home.

On the first and second day of the inspection, the screener did not ask the Inspector all the questions that were required during the screening process. Review of the home's COVID-19 screening tools revealed that not all the required questions were included.

The Executive Director and Infection Prevention and Control Lead acknowledged that the home's tool should include all the required questions and the home immediately revised the screening tools to reflect what was required.

There was minimal impact and risk to the residents when the home did not ask all the required COVID-19 screening questions as the home's screening process included questions related to COVID-19 exposure history and requests to isolate.

Sources: Observations; COVID-19 Directive #3, effective March 14, 2022, Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes - version 10., dated March 18, 2022, home's screening tools, and interviews with the IPAC Lead, Executive Director, and other staff.

Date Remedy Implemented: May 3, 2022 [704609]

WRITTEN NOTIFICATION: PLAN OF CARE

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

Non-compliance with: FLTCA, 2021 s. 6 (2)

The licensee has failed to ensure that the care set out in the plan of care for a resident was based on the needs and preferences of the resident.

Rationale and Summary

At the time of the inspection, a resident identified a specific need and preference related to their care.

There was no documentation in the resident's electronic health record related to the resident's identified need or preferences.

Staff indicated they were aware of the resident's need and preferences, had ensured they were implemented when care was provided, and verified they should have been written in the resident's plan of care.

There was no impact and low risk to the resident when the licensee failed to ensure that the care set out in the plan of care was based on the resident's needs and preferences.

Sources: Resident's electronic health records, observations; and interviews with the resident and staff members.



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

Inspection Report under the
Fixing Long-Term Care Act, 2021

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