

### Inspection Report Under the Fixing Long-Term Care Act, 2021

#### Ministry of Long-Term Care

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

#### **Hamilton District**

119 King Street West, 11th Floor Hamilton, ON, L8P 4Y7 Telephone: (800) 461-7137 hamiltondistrict.mltc@ontario.ca

# **Original Public Report**

Report Issue Date: November 28, 2022	
Inspection Number: 2022-1619-0001	
Inspection Type:	
Complaint	
Critical Incident System	
Licensee: The Corporation of Norfolk County	
Long Term Care Home and City: Norview Lodge, Simcoe	
Lead Inspector	Inspector Digital Signature
Dusty Stevenson (740739)	
Additional Inspector(s)	
Emmy Hartmann (748)	

## **INSPECTION SUMMARY**

The Inspection occurred on the following date(s): November 8-10, 14-16 2022

The following intake(s) were inspected:

- Intake: #00002738- Anonymous complainant alleging physical abuse of residents by staff members
- Intake: #00002867-[CI: M624-000016-21] Fall of resident resulting in fracture.
- Intake: #00003715-[CI: M624-000012-21] Fall of resident resulting in fracture.
- Intake: #00006346-[CI: M624-000017-22] Fall of resident resulting in fracture .

The following Inspection Protocols were used during this inspection:

Prevention of Abuse and Neglect Falls Prevention and Management Infection Prevention and Control



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# **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. 102 (2) (b)

The licensee failed to ensure that the hand hygiene program in place was in accordance with the "Infection Prevention and Control (IPAC) Standard for Long Term Care Homes April 2022".

Specifically, the home did not ensure that the hand hygiene program was using 70-90% alcohol-based hand rub (ABHR) as is required by Additional Requirement 10.1 under the IPAC Standard.

On November 9, 2022, 60% alcohol ABHR was observed in Poplar Heights home area nursing station, Chestnut Hill home area hallway, and at the front entrance to the home at the health screeners desk.

The IPAC Lead and Manager of Nursing and Personal Care confirmed that the ABHR in the home should be a minimum of 70%. On November 9, 2022, it was brought to the attention of the Manager of Nursing and Personal Care that the home was using 60% alcohol ABHR in several locations of the home.

On November 10, 2022, this non-compliance was remedied and all ABHR in the home was observed to be >70%.

Sources: observations, staff interviews

[740739]

Date Remedy Implemented: November 10, 2022