

**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**Ottawa Service Area Office  
347 Preston St Suite 420  
OTTAWA ON K1S 3J4  
Telephone: (613) 569-5602  
Facsimile: (613) 569-9670Bureau régional de services d'Ottawa  
347 rue Preston bureau 420  
OTTAWA ON K1S 3J4  
Téléphone: (613) 569-5602  
Télécopieur: (613) 569-9670**Public Copy/Copie du rapport public**

---

| <b>Report Date(s) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>No de registre</b>   | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|-------------------------------------|--|
| Oct 25, 2021                                   | 2021_878551_0014                              | 009484-21, 009756-<br>21, 009821-21 | Complaint  |

---

**Licensee/Titulaire de permis**Almonte General Hospital  
75 Spring Street Almonte ON K0A 1A0**Long-Term Care Home/Foyer de soins de longue durée**Fairview Manor  
75 Spring Street Almonte ON K0A 1A0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

MEGAN MACPHAIL (551)

**Inspection Summary/Résumé de l'inspection**

**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): October 13, 14 and 15, 2021.**

**The following logs were inspected as part of this Complaint inspection:**

- Log 009484-21 was related to concerns about the care of a resident.**
- Log 009756-21 was related to concerns about an outbreak in the home.**
- Log 009821-21 was related to concerns about the care of a resident.**

**During the course of the inspection, the inspector(s) spoke with Personal Support Workers, Registered Nursing Staff, a Housekeeper, an IPAC/COVID-19 Support Staff and the Director of Care (DOC).**

**During the course of the inspection the inspector(s) reviewed relevant documents including residents' health care records and observed the provision of care and services to residents, dining service, housekeeping services and COVID-19 Infection Prevention and Control measures.**

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

**Infection Prevention and Control  
Nutrition and Hydration  
Personal Support Services**

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

**2 WN(s)**

**2 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

|   |  |
|---|--|
| <p>Legend</p> <p>WN – Written Notification<br/>VPC – Voluntary Plan of Correction<br/>DR – Director Referral<br/>CO – Compliance Order<br/>WAO – Work and Activity Order</p>  | <p>Légende</p> <p>WN – Avis écrit<br/>VPC – Plan de redressement volontaire<br/>DR – Aiguillage au directeur<br/>CO – Ordre de conformité<br/>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 O.Reg 79/10, s. 129. Safe storage of drugs**

**Specifically failed to comply with the following:**

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that drugs were stored in a medication cart that was locked.

A nurse was administering medications to residents. The medication cart was in the nurses' station which was accessed through a gate style door that had a latch and did not lock.

For a period of several minutes, the medication cart was unlocked and unattended. The nurse was down the corridor, and there was no other staff in the area. Residents were in the vicinity.

The DOC stated that the medication cart should be locked when staff leave it unattended and leave the immediate area.

The medication cart was unlocked and unattended in the vicinity of residents.

Sources: Interview with DOC and observations of the inspector. [s. 129. (1)]

***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 ensure that drugs are stored in a medication cart that is locked when it is unattended, to be implemented voluntarily.***

---

**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that there was in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

It was observed that none of the residents of a home area were assisted to perform hand hygiene before a lunch meal.

As per the DOC, staff are expected to assist residents with hand hygiene prior to meals.

Sources: JCYH LTCH Implementation Guide, observations of the inspector. [s. 229. (4)]

***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 ensure that hand hygiene is performed in accordance with evidence based practices, to be implemented voluntarily.***

---

**Issued on this 27th day of October, 2021**

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

**Original report signed by the inspector.**