

**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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Apr 28, 2021	2021_593573_0010	023052-20, 006476-21	Critical Incident System

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**Licensee/Titulaire de permis**

0760444 B.C. Ltd. as General Partner on behalf of Omni Health Care Limited Partnership

2020 Fisher Drive Suite 1 Peterborough ON K9J 6X6

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

Almonte Country Haven  
333 Country Street P.O. Box 250 Almonte ON K0A 1A0

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

ANANDRAJ NATARAJAN (573)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 20 - 23, 2021.**

**The following intakes were completed in this Critical Incident System (CIS) inspection: Log #023052-20 was related to falls prevention and management. Log #006476-21 related to allegations of misappropriation of the resident's money/ personal item.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Director of Infection Prevention and Control program, Registered Nurses (RN), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff and the residents.**

**During the course of the inspection, the inspector(s) reviewed critical incident reports, resident health care records, relevant home policies and procedures, and other pertinent documents. The inspector(s) observed residents, resident home areas and infection control practices. In addition, inspector(s) observed the provision of care to the resident and observed staff to resident interactions.**

**The following Inspection Protocols were used during this inspection:  
Falls Prevention  
Infection Prevention and Control  
Prevention of Abuse, Neglect and Retaliation  
Reporting and Complaints**

**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)**

**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>

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**WN #1: 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 staff participate in the implementation of the infection prevention and control program, specifically related to the Alcohol- Based Hand Rub availability and location at all point-of-care areas.

During the inspection, the inspector observed the Alcohol- Based Hand Rub (ABHR) hand hygiene agents were not available in all the residents' rooms. Furthermore, in some residents' room the wall mounted dispensers were observed empty. A PSW indicated that they do not carry ABHR for their own use because there are ABHR dispensers located outside the resident rooms in the hallway. The Director of Infection Prevention and Control program indicated that the home's hand hygiene program based on the Ontario Provincial Initiative "Just Clean Your Hands" and ensured the inspector that the ABHR will be available for the staff at all point-of-care areas.

Sources: Direct observations of resident care areas and resident rooms; interviews with a Housekeeper, PSW, and the Director of Infection Prevention and Control program; review of the Hand Hygiene policy IF-IS-3.17 (E) dated August 2012, Revised March 2020. [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 all staff participate in the implementation of the infection prevention and control program, to be implemented voluntarily.***

**Issued on this 3rd day of May, 2021**

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

**Original report signed by the inspector.**