

Ministry of Long-Term Care

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

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Original Public Report

Report Issue Date: November 26, 2024

Inspection Number: 2024-1135-0004

Inspection Type:

Critical Incident

Licensee: Babcock Community Care Centre Inc.

Long Term Care Home and City: Babcock Community Care Centre, Wardsville

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: November 12 - 14, 2024

The following intakes were inspected:

- Intake: #00128559/Critical Incident (CI) #2626-000015-24 - related to safe and secure home (doors in a home).
- Intake: #00129355/CI#2626-000016-24 - related to infection prevention and control.

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

Infection Prevention and Control
Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection prevention and control program

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NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 23 (2) (a)

Infection prevention and control program

s. 23 (2) The infection prevention and control program must include,

(a) evidence-based policies and procedures;

Grounds

The licensee failed to ensure they had appropriate signage, that specified the precautions needed, for residents requiring additional precautions.

In accordance with O. Reg 246/22 s. 11 (1) (b), the licensee is required to ensure that the the infection prevention and control program must include, evidence-based policies and procedures, and that these are complied with.

Specifically, the home did not comply with the homes Additional Precautions policy by not having appropriate signage specifying the precautions needed outside rooms of residents that required contact precautions.

Rational and Summary

The inspector observed signage outside several resident rooms. A staff stated these signs were in place to trigger staff to check the infection prevention and control icon in Point Click Care for more information, including precautions. The homes policy titled "Additional Precautions" stated, under the procedure section, "When additional precautions are implemented, staff must ensure that there is: appropriate signage specifying the precautions needed". Staff confirmed the current signage did not specify the precautions needed.

Not following the homes policy to have signage specifying precautions needed placed the residents at risk for transmission of microorganisms.

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Sources

Additional Precautions policy, observations and staff interviews.

COMPLIANCE ORDER CO #001 Doors in a home

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 12 (1) 1. i.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

1. All doors leading to stairways and the outside of the home other than doors leading to secure outside areas that preclude exit by a resident, including balconies and terraces, or doors that residents do not have access to must be,
 - i. kept closed and locked,

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

Specifically, the licensee shall:

A. Utilize staff or liaison with a contracted service provider to complete repairs required to bring staff entrance door into compliance with the O. Reg. 246/22.

Specifically, that the door be kept closed and locked.

B. Develop and implement a process to ensure no resident can exit through the staff entrance door, unless care planned to leave the home independently or on an accompanied leave, until it is repaired.

C. Keep a log of the staff member responsible for ensuring no resident exits through the unsecure staff entrance door, unless care planned to leave the home independently or on an accompanied leave, 24 hours a day, until the door is repaired.

Grounds

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The home failed to ensure a door leading to the outdoors, that residents could access, was secure.

Rational and Summary:

During service to the home's fire panel, the home's mag lock system that secured their doors malfunctioned. The home took several steps to monitor the doors for safety, including bringing in additional staff to monitor the doors. All doors were made secure again except for the staff entrance door. During an interview with a staff at the home, they confirmed the staff entrance door was not connected to the mag lock system and indicated all staff were monitoring and providing redirection to residents for safety purposes until the required repairs occurred, additional staff were no longer being brought in to monitor the doors. Another staff member indicated during an interview that a resident had been redirected from exit seeking. A review of the resident's progress notes showed that the resident exited through the staff entrance door that was not secure. Staff confirmed the door was not secure and posed a risk.

Not ensuring the door was secure placed the residents at risk of exiting the home to the outdoors.

Sources:

Observations, progress notes and staff interviews.

This order must be complied with by December 18, 2024

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor

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Director

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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.