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

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Original Public Report

Report Issue Date June 10, 2022
Inspection Number 2022_1532_0001
Inspection Type
☐ Critical Incident System ☒ Complaint ☐ Follow-Up ☐ Director Order Follow-up
☐ Proactive Inspection ☐ SAO Initiated ☐ Post-occupancy
☐ Other _____

Licensee
The Corporation of the County of Renfrew

Long-Term Care Home and City
Bonnechere Manor, Renfrew

Lead Inspector
Gurpreet Gill (705004)

Inspector Digital Signature
Gurpreet K Gill
2022.06.10 15:46:46 -04'00'

INSPECTION SUMMARY

The inspection occurred on the following date(s): April 26, 27, 28, 29, May 3 and 4, 2022

The following intake(s) were inspected:

- Intake # 017966-21 (Complaint) related to provision of care and services including bathing, toileting, medication administration, laundry and housekeeping services and recreation activities. In addition, allegations were inspected related to resident abuse and the safety of a resident.

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

- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Medication Management
- Prevention of Abuse and Neglect
- Recreational and Social Activities
- Resident Care and Support Services
- Safe and Secure Home

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 has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control, specifically related to additional precautions signage.

Rationale and Summary

On a day in April 2022, the inspector observed that two residents had personal protective equipment (PPE) supplies at the room entrance but there was no signage posted at the entrance to the residents' room or bed space indicating that enhanced IPAC measures were in place for residents on additional precautions.

Interviews with two PSWs indicated that the contact precaution signages were previously posted but they had been misplaced.

On a day in April 2022, the inspector observed that signage for contact precautions was posted at the entrance to both residents' rooms.

There was no impact and low risk to the residents as the signage was posted as soon as the licensee was aware of the non-compliance.

Date Remedy Implemented: April 29, 2022 [705004]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC#002 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to implement any standard or protocol issued by the Director with respect to infection prevention and control, specifically related to the use of personal protective equipment (PPE).

Rationale and Summary

On a day in April 2022, a resident at the home was identified to be in isolation post-admission. The resident was on droplet and contact precautions. Staff were required to wear full PPE including mask, eye protection, gown, and gloves for all interactions. The inspector observed

that an RPN and an essential caregiver were in the resident's room without gowns, which was required for droplet and contact precautions.

Interviews with the Director of Care (DOC) and an RN, indicated that the new admission was required to isolate until their Polymerase Chain Reaction (PCR) test came back negative on day five post-admission.

Failing to participate in the implementation of the IPAC program increases the risk of disease transmission among residents and staff when the resident is required to be in isolation.

Sources: Interviews with identified staff members and observations made by the inspector. [705004]

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: FLTCA, s. 23(4)

The licensee has failed to ensure that the home has an Infection Prevention and Control (IPAC) lead whose primary responsibility is the home's IPAC program.

Rationale and Summary

Interviews with the Director of Care (DOC) and an RN indicated that the IPAC lead is on a leave of absence and the DOC is currently acting as the IPAC lead.

As such not having a designated IPAC lead may affect the home's IPAC program. As the designated IPAC leads primary responsibility is to oversee the infection, prevention and control program and work with the interdisciplinary team to implement, manage and oversee the infection prevention and control program.

Sources: Interviews with identified staff members. [705004]