

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
May 11, 2021	2021_831211_0009	025463-20	Critical Incident System

Licensee/Titulaire de permis

Centre d'Accueil Roger Seguin
435 Lemay Street Clarence Creek ON K0A 1N0

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

Centre d'Accueil Roger Seguin
435 Lemay Street Clarence Creek ON K0A 1N0

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

JOELLE TAILLEFER (211)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): May 5 & 6, 2021.

This inspection was related to a resident's fall resulting in significant change of resident's health status.

During the course of the inspection, the inspector(s) spoke with the Administrator, Executive Director of Care, Director of Care, a Consultant, a Registered Nurse (RN), a Registered Practical Nurse (RPN), several Personal Support Workers (PSWs), Recreation Services Attendant, a Housekeeping Services Attendant, a Maintenance/Housekeeping Services Attendant and residents.

In addition, the inspector reviewed the residents' health care records, the Post Fall Assessment Instruments, the Post Head Injury Assessment forms, the policies and procedures related to Fall Prevention Program, Guide titled "Just Clean Your Hands, Implementation Guide Step Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home", issued on September 2009 and observed residents in three different dining rooms.

**The following Inspection Protocols were used during this inspection:
Falls Prevention
Hospitalization and Change in Condition
Infection Prevention and Control**

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 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>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following:

s. 49. (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 79/10, s. 49 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when a resident had a fall on an identified date, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Review of a resident's health care records and interview with a staff member indicated that the post-fall assessment tool was not used after the resident's fall on an identified date.

Sources: A resident's health care records and the licensee policy titled "Programme de prévention des chutes" dated June 2019. Interviews with two staff members. [s. 49. (2)]

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 when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls, 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 :

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1. The licensee has failed to ensure that all staff participate in the implementation of the infection prevention and control practice program when the staff didn't assist residents with their hand hygiene before and after meals.

On an identified date during lunch time, Inspector #211 observed that a staff member didn't assist one of the residents with hand hygiene after the meal. Interview with the staff member stated that the resident's hands were not sanitized prior and after the meal. Furthermore, the staff member stated not being aware that the residents' hands needed to be sanitized after meal. A few minutes later, Inspector #211 observed two other residents exiting the dining room without sanitizing their hands. Both residents confirmed not having their hands sanitized after the meal.

The next day during lunch time, Inspector #211 observed fluids including soup served to several residents sitting in the dining room. Several of these residents had already started their meal. Interview with two other staff members stated that residents' hand hygiene was not performed prior to their meal.

Sources: Inspector #211's observation. Review of the guide titled "Just Clean Your Hands, Implementation Guide Step Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home. Interviews with three different staff members. [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 practice program to assist residents with their hand hygiene before and after meals, to be implemented voluntarily.

Issued on this 12th day of May, 2021

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

Original report signed by the inspector.