

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

Hamilton District
119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report	
Report Issue Date: July 31, 2024	
Inspection Number: 2024-1156-0002	
Inspection Type: Critical Incident Follow up	
Licensee: Vigour Limited Partnership on behalf of Vigour General Partner Inc.	
Long Term Care Home and City: Streetsville Community, Mississauga	

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: July 10-12, 15-16, 2024

The following intakes were inspected:

- Intake #00113513 - Follow-up #1 - High Priority CO #001 / 2024_1156_0001 O. Reg. 246/22 - s. 74 (2) (c), Nutritional care and hydration program, CDD June 5, 2024
- Intake #00113514 - Follow-up #2 - CO #002 / 2024_1156_0001 O. Reg. 246/22 - s. 102 (2) (b), Infection prevention and control program, CDD May 22, 2024
- Intake #00117153/CI#2648-000006-24 was related to infection prevention and control program

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1156-0001 related to O. Reg. 246/22, s. 102 (2) (b)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1156-0001 related to O. Reg. 246/22, s. 74 (2) (c)

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

Food, Nutrition and Hydration
Infection Prevention and Control

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)

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

Infection prevention and control program

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s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure the infection prevention and control lead (IPAC Lead) carried out their responsibilities related to outbreak preparedness and management.

The IPAC Lead failed to ensure that responsibilities related to outbreak preparedness and management were carried out, in accordance with the "Infection Prevention and Control Standard for Long-Term Care Homes April 2022" (IPAC Standard). Specifically, the IPAC Lead did not ensure that following an outbreak that the post outbreak debrief summary was documented in accordance with Additional Requirement 4.3 of the IPAC Standard.

Rationale and Summary

An outbreak occurred in the home during a specific date range.

In an interview, the IPAC Lead indicated that the post outbreak debrief summary for the outbreak had not been completed. The IPAC Lead indicated that the outbreak management team did meet post outbreak and findings were discussed however the form for the post-outbreak debrief summary had not been completed.

Later in the day the IPAC Lead provided the completed documentation of the post-outbreak debrief summary to the inspector.

Sources: record review of Post Outbreak Debrief Summary; interview with IPAC Lead.

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Date Remedy Implemented: July 15, 2024

WRITTEN NOTIFICATION: Licensee must comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee failed to comply with Compliance Order #001 from Inspection 2024-1156-0001, served on April 10, 2024 with a compliance due date of June 5, 2024.

A resident had a diet change. The Meal Service Report, which is a part of the resident's plan of care, was not updated to reflect the changes and as a result, the resident was served menu items that were not compliant with their diet order.

Rationale and Summary

The home was required to ensure that residents with a change in diet texture and/or feeding instructions will have orders in place and plan of care updated to reflect changes.

A resident was assessed by the home's registered dietitian (RD) and it was determined the resident required specific diet modifications.

A review of the Meal Service Report for the resident showed that the resident's profile had been manually updated and did not reflect all changes recommended by the home's RD.

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During an observation of the resident was served menu items not compliant with their diet order.

The inspector interviewed the staff member who had served the resident and they indicated that the items served at were appropriate.

Later in meal service, two staff members approached the inspector and reviewed the Meal Service Report binder, which indicated the resident required a diet modification. One of the staff members indicated to inspector that the diet modification was not applicable to this meal and the items served to the resident were appropriate. The staff member also indicated that another one of the diet modifications was no longer required for this resident.

The RD was interviewed and confirmed that resident did require the diet modifications.

The Director of Dietary Services was interviewed and acknowledged it was their responsibility to ensure that resident Meal Service Reports were accurately updated in the dining room for staff.

Failing to update the Meal Service Report and as a result, providing a resident menu items that were not compliant with their diet order may have put the resident at nutritional risk.

Sources: Resident's clinical records, observation of resident, interviews with staff.

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An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

CO#001 under O Reg s. 74 (2) (c) was issued during inspection 2024-1156-0001

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.