

**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**Central East Service Area Office
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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
Apr 25, 2022	2022_885601_0005	017740-21, 017838- 21, 018386-21, 001487-22, 001906-22	Critical Incident System

Licensee/Titulaire de permisAXR Operating (National) LP, by its general partners
c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 Mississauga ON L4W
0E4**Long-Term Care Home/Foyer de soins de longue durée**Fenelon Court
44 Wychwood Crescent Fenelon Falls ON K0M 1N0**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

KARYN WOOD (601)

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): March 10, 11, 14, 15, 16, 17, and 18, 2022.

The following intakes were completed in this Critical Incident System (CIS) Inspection:

A Follow-up log related to Compliance Order (CO) #001 from inspection #2021_673672_0035 regarding s. 6. (7).

Four logs related to allegations of staff to resident neglect.

During the course of the inspection, the inspector(s) spoke with the interim Director of Care (DOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Environmental Service Manager (ESM), Personal Support Workers (PSW), Housekeeping Worker (HSK), and residents.

The inspector also reviewed resident clinical health care records, relevant home policies and procedures, education records, internal investigations, observed infection control practices in the home, the delivery of resident care and services, including staff to resident interactions.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Training and Orientation**

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)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #001	2021_673672_0035		601

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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. 51. Continence care and bowel management**Specifically failed to comply with the following:**

s. 51. (2) Every licensee of a long-term care home shall ensure that, (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable; and O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident received sufficient changes of their continence care product to ensure the resident remained clean, dry, and comfortable.

Two Critical Incident System (CIS) reports were submitted to the Director regarding allegations of staff to resident neglect. The CIS indicated the licensee received a written complaint from the resident's family member, which alleged that the resident was found in unkempt states due to their incontinence products not being changed, which led to their clothes becoming soiled.

The resident's continence care plan identified the resident was incontinent and directed to check and change the resident's continence product at scheduled intervals. Review of the internal investigation notes determined that on both occasions the PSWs did not provide continence care or check the resident's continence product at the scheduled intervals.

The interim Director of Care (DOC) indicated the internal investigation determined the resident's continence care product had not been checked or changed according to their plan of care. They further indicated the expectation in the home was for the resident to receive continence care according to their scheduled intervals. The resident was at risk for skin breakdown due to incontinence when the resident's continence care product was not checked and changed according to the resident's plan of care and the resident did not remain clean, dry, and comfortable.

Sources: A resident's written plan of care, progress notes, point of care documentation, internal investigation notes, Continence Care Policy, and interviews with the interim DOC. [s. 51. (2) (g)]

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 (g) residents who require continence care products have sufficient changes to remain clean, dry and comfortable, 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 :

1. The licensee has failed to ensure that staff participated in the implementation of the infection prevention and control program (IPAC) related to hand hygiene (HH).

A PSW was observed exiting a resident's room that required droplet and contact precautions. The PSW did not perform hand hygiene according to the 4 moments for hand hygiene after providing direct care to a resident. An RPN did not always perform hand hygiene before and after administering medication. Staff confirmed they had received education and should perform HH before and after providing resident direct care or before and after administering medication. Review of the Just Clean Your Hands Program "Your 4 moments for Hand Hygiene" required staff to complete hand hygiene before initial resident and after resident environment contact. The Interim Director of Care (DOC) indicated that all staff received education on Just Clean Your Hands - Your 4 Moments for Hand Hygiene" program. The interim DOC also indicated an auditing process was in place for evaluating staff compliance with HH. The residents were at risk for transmission of infection when staff did not consistently perform HH after performing direct care and before and after medication administration.

Sources: Observation of isolation signage throughout the home, staff IPAC Practices including PSW and RPN, review of the Best Practices for Hand Hygiene in all Health Care Settings, and interviews with PSWs, RPNs, RNs, and the interim DOC. [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 ensure that all staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 26th day of April, 2022

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

Original report signed by the inspector.