

**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**Sudbury 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
Oct 25, 2021	2021_907692_0006	013278-21	Follow up

Licensee/Titulaire de permisCorporation of the County of Simcoe
1110 Highway 26 Midhurst ON L9X 1N6**Long-Term Care Home/Foyer de soins de longue durée**Georgian Manor Home for the Aged
101 Thompsons Road Penetanguishene ON L9M 0V3**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

SHANNON RUSSELL (692), DAVID SCHAEFER (757)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 18-20, 2021.

The following intake was inspected upon during this Follow Up inspection:

-One intake, related to compliance order (CO) #001 from inspection #2021_907692_0001, ensuring that the home was compliant with s. 36 of the Ontario Regulations (O.Reg) 79/10, specifically ensuring that staff used safe lifts and transfer devices for residents, with a compliance due date (CDD) of September 30, 2021.

During the course of the inspection, the inspector(s) spoke with the Interim Administrator, Acting Director of Resident Care (ADRC), Infection Prevention and Control (IPAC) Specialist, Housekeepers, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), and residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, reviewed relevant health care records, internal investigation notes, infection control practices, as well as licensee policies, procedures and programs.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Personal Support Services**

During the course of this inspection, Non-Compliances were issued.

1 WN(s)

0 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
O.Reg 79/10 s. 36.	CO #001	2021_907692_0001		692

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: 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 (IPAC) program, specifically to ensure there was signage posted on or near the entrance door of affected residents that indicated the resident was on additional precautions.

In accordance with Public Health Ontario (PHO), Routine Practices and Additional Precautions in All Health Care Settings, homes were required to have signage specific to the type(s) of additional precautions posted. A sign that lists the required precautions was to be posted at the entrance to the resident's room or bed space.

On two consecutive days, the Inspector observed two resident rooms that had an isolation caddy present outside the room; however, the Inspector could not locate signage to identify the type of isolation precautions required for either of these residents. Personal Support Workers (PSWs) interviewed at the time, identified that both residents had been placed on additional precautions and that there should have been signs placed on their doorways to alert those entering the room that additional precautions were required. During an interview with the IPAC Specialist, they identified that with no signage in place the proper precautions would not be followed, which would increase the risk of spreading infection to other residents.

Sources: Inspectors observations; record reviews including diagnosis, care plan and progress notes for two residents; PHO, Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, November 2012; the licensee's policy titled, "Additional Precautions: Airbourne, Droplet, Contact and Droplet/contact" and policy titled, "Isolation of Symptomatic Residents"; interviews with PSWs, the IPAC Specialist and other staff. [s. 229. (4)]

Issued on this 26th day of October, 2021

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

Original report signed by the inspector.