

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Original Public Report**

<b>Report Issue Date:</b> April 17, 2024	
<b>Inspection Number:</b> 2024-1549-0001	
<b>Inspection Type:</b> Critical Incident	
<b>Licensee:</b> Corporation of the County of Simcoe	
<b>Long Term Care Home and City:</b> Georgian Manor Home for the Aged, Penetanguishene	
<b>Lead Inspector</b> Tracy Muchmaker (690)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Arash Pouralborz #000837 was present during this inspection.	

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): March 19-22, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>• Three intakes, which were related to falls that resulted in a transfer to hospital; and</li> <li>• One intake, which was related to a disease outbreak</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Falls Prevention and Management

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that care set out in the plan of care was provided to a resident as specified in the plan of care.

#### **Rationale and Summary**

A resident was at risk of falling, and their care plan included falls prevention interventions to prevent further falls, including the use of a specified device. The care plan indicated that staff were to ensure that the device was in working order. On an identified date, it was documented that the device was not in working order, and that the resident sustained a fall later that day.

A Registered Practical Nurse (RPN) stated that they did not know how long the device had not been functioning for that day. The Director of Care (DOC) confirmed that the device should have been functioning at the time of the fall, and they did not know how long it was not functioning for.

There was a moderate impact to the resident, as they sustained a fall that resulted in an injury and a transfer to the hospital.

**Sources:** A resident's Point of Care (POC) documentation and progress notes; interviews with, Registered staff and the DOC.

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## WRITTEN NOTIFICATION: Falls prevention and management

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

**Non-compliance with: O. Reg. 246/22, s. 54 (1)**

Falls prevention and management

s. 54 (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids.

The licensee has failed to ensure that the home complied with the requirements set forth in the home's fall prevention and management program, when a resident had unwitnessed falls.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee was required to ensure that the home's falls prevention and management program was complied with. Specifically, registered staff did not comply with the home's falls prevention and management program; which required the implementation of a specified type of monitoring if the resident sustained an unwitnessed fall.

### **Rationale and Summary**

A Resident had two unwitnessed falls, and a review of the monitoring tool that was initiated after both falls, identified that the monitoring was not fully completed as per the home's falls prevention policy.

The home's policy stated that staff were to initiate the monitoring for any resident that had a specified injury or an unwitnessed fall.

An RN, and the DOC confirmed that the monitoring for the resident was not fully completed for both falls as it should have been.

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There was a moderate risk to the resident as a result of the monitoring not being fully completed as there was a potential for the resident to develop a specified type of injury from unwitnessed falls.

**Sources:** A resident's health records; the home's policy titled "Head Injury NPC E-20", review date January 3, 2024; interviews with an RN, and the DOC.  
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## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2).

The licensee has failed to ensure that symptoms indicating the presence of infection in residents were monitored on every shift.

### **Rationale and Summary**

A resident began experiencing specified symptoms that indicated the presence of infection, and the resident was placed in isolation. Progress notes indicated that there was no symptom monitoring on a number of shifts that the resident remained in isolation.

Registered staff verified that staff were to monitor all residents that had symptoms indicating the presence of infection at least once on every shift, and they were to

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document the assessment. The DOC verified that there were shifts when the resident was isolated that there was no symptom monitoring completed.

There was a moderate risk to not monitoring the symptoms of infection in residents on every shift as there was a potential for a change in the resident's health status.

**Sources:** The home's line list related to a disease outbreak; a resident's progress notes and assessments on PCC; the home's policy titled "Infection Surveillance in Long Term Care Settings IPC C-05", with a review date of December 1, 2023; Interviews with Registered staff, Infection Prevention and Control (IPAC) Lead and the DOC.

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