

**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
Aug 17, 2021	2021_548756_0015	002974-21	Critical Incident System

Licensee/Titulaire de permis

The Corporation of the County of Lanark
c/o Lanark Lodge 115 Christie Lake Road Perth ON K7H 3C6

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

Lanark Lodge
115 Christie Lake Road, R. R. #4, Lot 27, Concession 2 Perth ON K7H 3C6

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

LISA CUMMINGS (756)

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): July 5, 6, 7, 2021.

The following intake was completed during this Critical Incident System (CIS) inspection:

Log #2974-21, CIS #M548-000001-21, regarding a fall which resulted in injury and required transfer to hospital

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC)/Infection Prevention and Control (IPAC) lead, the Environmental Services Manager, a Registered Nurse (RN), Registered Practical Nurses (RPN), a Personal Support Worker (PSW), Housekeeping staff, and a screener.

In addition, observations were completed at the entry of the home and on resident home areas including resident rooms, hallways and dining rooms. A record review was completed of relevant documents including resident healthcare record, post-fall assessments, COVID-19 screening form, air temperature log forms, resident heat risk assessments, and policy #VII-G-10.30(a) Heat Contingency Protocols, revised July 2021.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Hospitalization and Change in Condition

Infection Prevention and Control

Safe and Secure Home

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. 21. Air temperature Specifically failed to comply with the following:

s. 21. (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. O. Reg. 79/10, s. 21 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the air temperatures required to be measured were documented at least once every morning, once every afternoon between 1200 and 1700 hours and once every evening or night.

The air temperature monitoring record previously in place showed air temperatures being monitored once per day on weekdays. The updated air temperature monitoring record put in place advised to monitor the air temperature three times per day but the air temperatures were only being monitored in the morning and afternoon.

The DOC confirmed that air temperature monitoring had not yet been fully implemented and a plan was in place to increase to three times per day, each day.

The failure to monitor air temperatures three times each day presented a risk to residents related to the possible fluctuation in air temperature during hot weather events.

Sources: Heat Contingency Protocols policy, monthly temperature and humidity log sheets, air temperature log forms, interviews with the DOC and others. [s. 21. (3)]

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 air temperature is monitored once every morning, once every afternoon between 1200 and 1700 hours, and once every evening or night, 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 (IPAC) program.

Two resident rooms were observed to have personal protective equipment (PPE) storage units on their doors but did not have additional precaution signage. The RPN interviewed confirmed the two rooms required contact precautions and should have had signage to indicate this.

The following day, the lunch meal service was observed on a resident home area. During that observation, residents were not provided hand hygiene when entering the dining room and only one resident was provided hand hygiene when the meal service was complete. The DOC indicated residents should be provided assistance with hand hygiene for meal service.

The failure to follow IPAC practices presented a risk to residents related to the possible spread of infection from not following required contact precautions and from organisms that could be spread by failing to sanitizing resident hands.

Sources: observations in the dining room and resident rooms, interviews with an RPN, the DOC and others. [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 infection prevention and control program, to be implemented voluntarily.

Issued on this 9th day of September, 2021

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

Original report signed by the inspector.