

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: November 05, 2024

Inspection Number: 2024-1565-0008

Inspection Type:
Complaint
Critical Incident

Licensee: The Corporation of the County of Lanark

Long Term Care Home and City: Lanark Lodge, Perth

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): October 31, 2024, and November 1, 4, 5, 2024.

The following Critical Incident (CI) intake(s) were inspected:

- Intake: #00129462 related to an Acute Respiratory Infection (ARI) outbreak.
- Intake: #00129975 related to a complaint of alleged verbal abuse from staff to resident.
- Intake: #00130023 related to a complaint of alleged emotional abuse from staff to resident.

The following intake(s) were inspected in this Complaint Inspection:

- Intake: #00128675 related to a complaint related to resident care.

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services
Infection Prevention and Control

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Prevention of Abuse and Neglect
Reporting and Complaints

INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: FLTCA, 2021, s. 23 (2) (d)

Infection prevention and control program

s. 23 (2) The infection prevention and control program must include,
(d) measures to prevent the transmission of infections;

The licensee has failed to ensure that staff follow the licensee's policy which stated that shared-use items must be disinfected after use.

In accordance with Ontario Regulation 246/22 s. 11 (1) (b), the licensee is required to ensure the home has in place an infection control and prevention program and that it must be complied with.

As per the homes Infection Prevention and Control Equipment Cleaning-Resident Care & Medical policy (IX-G-20.90, rev. October 2023), shared use equipment must be "disinfected between resident uses" and that the equipment "must be cleaned and disinfected after each use by the team member using the item." On a day in November 2024, a staff member was observed to not disinfect shared equipment following its use.

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Sources: Observation, Infection Prevention and Control Equipment Cleaning Policy (IX-D-30.90), Interviews with staff members.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

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

Infection prevention and control program

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 inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The licensee shall:

1) Provide training to a staff member on the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes (rev. Sept. 2023) routine practices, specifically:

- section 9.1 (a) related to hand hygiene (HH), including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);
- section 9.1 (d) related to proper use of personal protective equipment (PPE) including appropriate selection, application, removal, and disposal.

2) Document and maintain a written record of the training provided, including the date(s) it was held, an overview of the topics covered, method of delivery, the name

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and credentials of the staff member who provided the training, the name and credentials of the staff member receiving the training, and the recipient staff's signature that they understood the training provided.

3) Perform random audits on the staff member to observe them using PPE and performing HH as per the four moments when providing care to residents. A minimum of five (5) audits should be conducted during the staff member's work shifts between the receipt of this order and the compliance due date.

4) Maintain a record of the audits completed, including date, shift time, person completing audit, observations made, and content of on-the-spot education provided and/or other corrective actions taken where required

5) Retain all records until the MLTC has deemed this order has been complied.

Grounds

The licensee has failed to ensure that the "Infection Prevention and Control Standard for Long-Term Care Homes September 2023" (IPAC Standard) was implemented. Specifically, on a day in November 2024, a member of the staff was observed to provide care to three different residents in succession without changing their gloves following making contact with each resident. The staff member also did not perform any hand hygiene according to the four moments between each resident contact. According to an interview with another staff member, the licensee's expectation was that the IPAC Standard is followed while performing resident care.

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Sources: Observations, Interview with staff member

This order must be complied with by December 13, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

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c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the

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licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.