Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central West District
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Waterloo, ON, N2V 1K8
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Original Public Report

Report Issue Date: March 21, 2024
Inspection Number: 2024-1315-0001
Inspection Type: Complaint Critical Incident
Licensee: 2063414 Ontario Limited as General Partner of 2063414 Investment LP
Long Term Care Home and City: Barnswallow Place Community, Elmira

Lead Inspector	**Inspector Digital Signature**
Megan Brodhagen (000738)	Megan Brodhagen Digitally signed by Megan Brodhagen Date: 2024.04.05 11:33:15 -04'00'

Additional Inspector(s)

INSPECTION SUMMARY

The inspection occurred onsite on the following dates: February 21 - 23, 26 - 29, and March 1, 4 - 6, 2024

The following intakes were inspected in this Critical Incident (CI) inspection:

- Intake: #00105358 was related to an infectious disease outbreak
- Intake: #00106787 was related to falls prevention and management
- Intake: #00109643 was related to falls prevention and management

The following intake was inspected in this Complaint inspection:

- Intake: #00105800 was related to multiple care concerns

The following **Inspection Protocols** were used during this inspection:

Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Residents' Rights and Choices
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)
Housekeeping
s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,
(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:
(iii) contact surfaces;

The licensee has failed to ensure that cleaning and disinfection of contact surfaces were followed in accordance with evidenced based practices.

Rationale and Summary
Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), best practices for environmental cleaning for prevention and control of infections in all health care settings, 3rd edition, revision April 2018, recommended when using disinfectant, there should be systems in place to ensure the efficacy of the disinfectant over time, such as reviewing the expiry dates.

On February 22, 2024, it was observed that the Oxivir Tb 1L disinfectant on Pheasant Run Home Area had expired on February 6, 2024. A housekeeper stated they had just opened the box of Oxivir Tb 1L disinfectant that day and had used the product to clean the home area. The housekeeper confirmed the whole box of Oxivir Tb 1L bottles of disinfectant was expired.

Maintenance staff confirmed that the box of expired Oxivir Tb 1L disinfectant was removed from the Pheasant Run Home Area, disposed of and replaced with a non-expired disinfectant.

Sources: Observations of Housekeeping supply area on February 22, 2024, on Pheasant Run Home Area, Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC), best practices for environmental cleaning for prevention and control of infections in all health care settings, 3rd edition, revision April 2018, Diversey Shelf Life Extension Letter, and Interviews with staff.

Date Remedy Implemented: February 22, 2024
[000738]

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. O. Reg. 246/22, s. 54 (1).

The licensee has failed to ensure that two residents had their falls prevention interventions implemented to reduce the likelihood of a fall.

In accordance with Ontario Regulation 246/22, s. 11 (1) (b), the licensee was required to ensure that any plan, policy, protocol, program, procedure, strategy, initiative or system was complied with.

As per the home's Falls Prevention and Management Policy, Policy Number VII-G-30.10, last revised April 2023, Personal Support Workers/Health Care Aides will utilize fall prevention interventions identified on the resident's plan of care.

Rationale and Summary

On separate occasions, two residents fell from their assistive devices. Their care plans indicated they were supposed to have specific interventions in place in relation to falls management. These interventions were not in place at the time of their falls.

Two Personal Support Worker's (PSW) confirmed that the two residents specific falls interventions were not in place at the time of their falls.

These two residents were placed at risk of harm when their falls interventions were not implemented.

Sources: Two resident's Clinical Records, Critical Incident Reports, The Home's Falls Prevention and Management Policy (Policy Number VII-G-30.10), last revised April 2023, the home's investigation notes, Interviews with staff. [000738]