

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

Report Issue Date: November 25, 2024

Inspection Number: 2024-1305-0005

Inspection Type:

Critical Incident
Follow up

Licensee: 2063412 Ontario Limited as General Partner of 2063412 Investment LP

Long Term Care Home and City: Muskoka Shores Community, Gravenhurst

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 18-22, 2024

The following intake(s) were inspected:

- One intake, which was related to a disease outbreak;
- One intake, which was related to improper/incompetent care of a resident;
- One intake, a follow-up to a compliance order for FLTCA, s. 6 (7);
- One intake, a follow up to a compliance order for O. Reg. 246/22, s. 79 (1) 5;
- Two intakes, which were related to falls resulting in an injury.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #002 from Inspection #2024-1305-0004 related to O. Reg. 246/22, s. 79 (1) 5.

The following previously issued Compliance Order(s) were closed:

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Order #001 from Inspection #2024-1305-0004 related to FLTCA, 2021, s. 6 (7).

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

Resident Care and Support Services
Food, Nutrition and Hydration
Infection Prevention and Control
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: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

The licensee has failed to ensure that equipment in the home was kept clean and sanitary, when medical equipment was observed to be soiled in the hallway, and had not been cleaned and disinfected after use.

Sources: Observations during the inspection; interviews with IPAC Lead.

Date Remedy Implemented: November 21, 2024

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WRITTEN NOTIFICATION: Reporting Certain Matters to the Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

Reporting certain matters to Director

s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to immediately report to the Director the information of an improper or incompetent care of a resident, when a Personal Support Worker (PSW) had transferred the resident incorrectly, which resulted in an injury.

Sources:

A Critical Incident (CI) intake, review of resident's clinical records and the home's internal investigation; review of the home's policy, "Critical Incident Reporting Policy (ON), XXIII-D-10.40, revised October 2024", interview with staff members and the ED.

WRITTEN NOTIFICATION: Safe Transfer and Positioning

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

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The licensee has failed to ensure that a PSW, used safe transferring and positioning devices or techniques when assisting a resident during their transfer as per their care plan.

Sources: A CI intake; review of a resident's clinical records and the home's internal investigation; review of the home's policy titled, "Zero Lift & Protocol, IV-M-10.10, last revised June 2024", interview with the resident, staff members and the Executive Director (ED).

WRITTEN NOTIFICATION: Post-Fall Assessment

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 54 (2)

Falls prevention and management

s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident had a fall, a post-fall assessment using a clinically appropriate assessment instrument specifically designed for falls was completed.

Sources: A CI intake, review of a resident's clinical records and the home's internal investigation; review of the home's policy titled, "Fall's Prevention and Management, VII-G-30.10, last revised October 2024", interview with the resident, staff members and the ED.

WRITTEN NOTIFICATION: Infection prevention and control program

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NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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 licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control (IPAC) was implemented. Specifically, the licensee has failed to ensure that staff were performing proper hand hygiene as per the IPAC Standard for Long-Term Care Homes issued April 2022, as a staff member was observed to be using an improper product for hand hygiene, and another staff did not remove gloves, and perform hand hygiene after the completion of a task.

Sources: Observations during the inspection; interviews with staff, and the IPAC Lead.

WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 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); and

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The licensee has failed to ensure that a resident's symptoms indicating the presence of infection were monitored on every shift, in that there was no symptom monitoring recorded during a specified period.

Sources: A resident's progress notes; interview with the IPAC Lead.