

Ministry of Long-Term Care

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

Central West District

609 Kumpf Drive, Suite 105
Waterloo, ON, N2V 1K8
Telephone: (888) 432-7901

Public Report

Report Issue Date: January 21, 2025

Inspection Number: 2025-1020-0001

Inspection Type:

Critical Incident

Licensee: Sharon Farms & Enterprises Limited

Long Term Care Home and City: Strathcona Long Term Care, Mount Forest

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): January 7-10, 14-17, 2025

The inspection occurred offsite on the following date(s): January 13, 2025

The following intake(s) were inspected:

- Intake: #00131273 - Enteric Outbreak
- Intake: #00132399 - Staff to resident abuse
- Intake: #00136712 - ARI Outbreak

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Reporting certain matters to Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 2.

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:

2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that an incident between two residents was immediately reported to the Director.

Sources: Review of medical records of the residents, interview with BSO Lead, Director of Nursing and other staff.

WRITTEN NOTIFICATION: Skin and wound care

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

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (i)

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,

(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,

(i) receives a skin assessment by an authorized person described in subsection (2.1), using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,

The licensee has failed to ensure that a resident, who sustained a skin impairment, received an initial skin and wound assessment.

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Sources: Review of the resident's medical record, interview with Director of Nursing and other staff.

WRITTEN NOTIFICATION: Housekeeping

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (i)

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:

(i) resident care equipment, such as whirlpools, tubs, shower chairs and lift chairs,

The licensee has failed to ensure that procedures were implemented for cleaning and disinfection of a mechanical lift at a minimum using a low-level disinfectant in accordance with evidence-based practices.

Sources: Observation and interview IPAC lead, Director of Nursing and other staff.

WRITTEN NOTIFICATION: Infection prevention and control program

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

Non-compliance with: O. Reg. 246/22, s. 102 (8)

Infection prevention and control program

s. 102 (8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and

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Personal Care and the infection prevention and control lead. O. Reg. 246/22, s. 102 (8).

The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program, when a staff member did not follow the Infection Prevention and Control (IPAC) protocols for hand hygiene.

Source: Observation, interview with IPAC lead and other staff.

WRITTEN NOTIFICATION: Reports re critical incidents

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

Non-compliance with: O. Reg. 246/22, s. 115 (1) 5.

Reports re critical incidents

s. 115 (1) Every licensee of a long-term care home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required under subsection (5):

5. An outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act.

The licensee has failed to ensure that two outbreaks were reported to the Director as required.

Source: Observations, Review of Critical Incident Systems, outbreak related memos, interview with IPAC lead and Director of Nursing and other staff.

WRITTEN NOTIFICATION: CMOH and MOH

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

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s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Licensee has failed to ensure that Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings issued by the Ministry of Health Effective: October 2024 was followed in the home.

In accordance with these recommendations the licensee was required to ensure that Alcohol-Based Hand Rubs (ABHR) must not be expired. Expired Alcohol Based Hand Rub (ABHR) product was observed in resident areas.

Sources: Observations, Interview with IPAC lead, Director of Nursing and other staff.

COMPLIANCE ORDER CO #001 Altercations and other interactions between residents

NC #007 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 59 (b)

Altercations and other interactions between residents

s. 59. Every licensee of a long-term care home shall ensure that steps are taken to minimize the risk of altercations and potentially harmful interactions between and among residents, including,

(b) identifying and implementing interventions.

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

The licensee shall:

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1. Conduct an interdisciplinary assessment of resident #005 to identify factors that could potentially trigger their responsive behaviour.
2. Develop written processes and implement specific interventions based on the identified factors to minimize the risk of altercations and potentially harmful interactions between resident #005 and other residents.
3. Ensure that resident #005's interventions are reevaluated when changes are made to their plan of care related to their responsive behaviours.
4. Ensure all the above steps 1 to 3 are documented, including the individuals who participated in the interdisciplinary assessment, the date, the discussion and the outcome.

Grounds

The licensee has failed to ensure that steps were taken to minimize the risk of altercations and potentially harmful interactions between resident #005 and other residents.

Rational and summary

Resident #005 had a physical altercation with resident #002 that resulted in injury to both residents. In addition, resident #005 had multiple disruptive interactions with several other residents on the unit causing other residents to get upset.

Behavioral Support Ontario (BS) lead stated that the interventions to redirect the resident had not been effective.

Multiple residents were impacted and put at risk for potentially harmful interactions with resident #005 due to lack of effective steps being taken to minimize the risk of altercations.

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Sources: Observations, medical record review of residents, interview with, BSO lead, Director of Nursing and other staff.

This order must be complied with by February 28, 2025

COMPLIANCE ORDER CO #002 Infection prevention and control program

NC #008 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. Develop policies and procedures to provide clear instructions for conducting quarterly, real-time audits of specific activities performed by staff in the home, including but not limited to hand hygiene, selection and donning, and doffing of Personal Protective Equipment (PPE).
2. Develop procedures to ensure that the long-term care home, implements, and tracks the completion of all IPAC audits to ensure that all staff can perform the IPAC skills required of their role. This includes ensuring that:
 - a) Audits are completed on various shifts and departments.

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- b) Audits track the name and role of the auditor, the name and role of the staff being audited, the home area name/location, the date and time of the audit, any findings, and any corrective actions taken if tasks were not completed or demonstrated as required.
3. Develop a feedback process for audits to ensure that when gaps are identified through an audit, the staff receives the training they require and that this is documented.

Grounds

A) The licensee has failed to implement the Infection Prevention and Control Program (IPAC) Standard (revised Sept. 2023) issued by the Director. Specifically, section 5.4 (o) of the IPAC Standard was not implemented.

Section 5.4 (o) requires that the licensee's policies and procedures for the IPAC program also address program audit activities.

Failure to address audit activities in IPAC program policy posed a risk of missed opportunities to determine if all staff from various shifts and disciplines could perform the IPAC skills as required of their role.

Sources: IPAC related observations, review of D. Outbreak Preparedness and Management Policy; Outbreak Management Plan, interview with IPAC lead and Director of Nursing.

B) In accordance with the IPAC Standard, revised September 2023, section 7.3, (b), the IPAC Lead shall ensure that audits are performed as required as stated above.

Specifically, the licensee has failed to ensure to implement a structured auditing process to track non-compliant staff and their training to confirm that all staff can perform the IPAC skills required of their role.

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The Infection Prevention and Control (IPAC) lead acknowledged a lack of structured auditing process in the home.

The residents were at risk of infection transmission when the home did not conduct audits to confirm that all staff could perform the IPAC skills required of their role.

Sources: Review of the home's IPAC audits, IPAC observations and interview with IPAC Lead and other staff.

This order must be complied with by April 14, 2025

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.

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

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

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).

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