

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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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 21, 2021	2021_877632_0016	021959-20, 022505- 20, 026045-20, 001423-21, 001762- 21, 012235-21, 012239-21, 013303-21	Critical Incident System

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**Licensee/Titulaire de permis**

Shalom Manor Long Term Care Home  
12 Bartlett Avenue Grimsby ON L3M 4N5

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

Shalom Manor Long Term Care Home  
12 Bartlett Avenue Grimsby ON L3M 4N5

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

YULIYA FEDOTOVA (632), MELODY GRAY (123)

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**Inspection Summary/Résumé de l'inspection**

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): August 26, 27, 30, 31, September 1-3, 7-10, 13, 14, November 29, 30, December 1, 2, and 3, 2021 (on-site); December 6-9, 13-17, 20 and 21, 2021 (off-site).**

**The following Critical Incident System (CIS) intakes were completed: log #012239-21, #013303-21 and #021959-21- related to Falls Prevention, log #012235-21 and #001423-21 - related to Prevention of Abuse and Neglect, log #022505-20, #026045-20 and #001762-21 - related to Medications.**

**The following Complaint Inspection #2021\_877632\_0017 was completed concurrently with this CIS Inspection: log #012624-21 - related to Admission and Discharge.**

**During the course of the inspection, the inspectors toured the home and completed the Infection Prevention and Control (IPAC) checklist, Cooling Air Temperature requirements inspection, observed residents and staff interactions, reviewed clinical health records, relevant home policies and procedures, and other pertinent documents.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Director of Resident Care (DRC), Assistant Director of Resident Care (ADRC), IPAC Lead, Manager of Environmental Services, Environmental Services staff, Maintenance Manager, Systems Co-ordinator, Admission Co-ordinator, Physiotherapist (PT), Director of Finance and Administration, personal support workers (PSWs), registered nurses (RNs), registered practical nurses (RPNs), residents and their families.**

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

**Falls Prevention**

**Infection Prevention and Control**

**Medication**

**Prevention of Abuse, Neglect and Retaliation**

**Safe and Secure Home**

**Skin and Wound Care**

During the course of this inspection, Non-Compliances were issued.

4 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend	Légende
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
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).  The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.  Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 20. Cooling requirements**

**Specifically failed to comply with the following:**

**s. 20. (1) Every licensee of a long-term care home shall ensure that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices. O. Reg. 79/10, s. 20 (1).**

**Findings/Faits saillants :**

1. The licensee of a Long-Term Care Home failed to ensure that a written heat related illness prevention and management plan for the home that met the needs of the residents was developed in accordance with evidence-based practices.

Review of the Air Temperature Control and the Hot Weather Related Illness Prevention and Management policies identified that no written heat related illness prevention and management plan for the home that met the needs of the residents was developed, which was confirmed by the Manager of Environmental Services.

Sources: the Air Temperature Control and the Hot Weather Related Illness Prevention and Management policies; interview with the Manager of Environmental Services. [s. 20. (1)]

***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 and ensuring that a written heat related illness prevention and management plan for the home that meets the needs of the residents is developed in accordance with evidence-based practices, to be implemented voluntarily.***

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director**

**Specifically failed to comply with the following:**

**s. 24. (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. 2007, c. 8, s. 24 (1), 195 (2).**
- 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. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

**Findings/Faits saillants :**

1. The licensee failed to comply with s. 24. (1) 2 in that a person, who had reasonable grounds to suspect abuse of a resident failed to report the alleged abuse immediately to the Director in accordance with s. 24. (1) 2 of the LTCHA. Pursuant to s. 152. (2) the licensee was vicariously liable for staff members failing to comply with subsection 24. (1).

A Critical Incident System (CIS) Report related to an incident of alleged abuse from staff towards a resident was submitted to the Ministry of Long-Term Care (MLTC) on an identified date.

Interview with the ADRC indicated that the home became aware about the incident on the same date as the incident occurred, but the MLTC was not notified immediately.

Sources: a CIS Report, a Critical Incident investigation notes; interview with the ADRC.  
[s. 24. (1)]

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation**  
Every licensee of a long-term care home shall ensure,  
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;  
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;  
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;  
(d) that the changes and improvements under clause (b) are promptly implemented; and  
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

### **Findings/Faits saillants :**

1. The licensee failed to ensure that at least once in every calendar year, an evaluation was made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences.

Review of the documentation provided by the home during the inspection did not identify that the Prevention of Abuse and Neglect program was evaluated since 2018, which was confirmed by the CEO.

Sources: 2018 Abuse, Neglect & Retaliation program evaluation; interview with the CEO.  
[s. 99. (b)]

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**WN #4: 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 failed to ensure that all staff participated in the implementation of the Infection Prevention and Control (IPAC) program.

During the inspection it was observed that at a specified period of time an RPN did not perform hand hygiene between the time of medications administration to the residents.

The IPAC program indicated that the Four Moments of hand hygiene were promoted at all times.

The residents were at risk of potential infection as staff did not participate in the implementation of the Infection Prevention and Control program.

Sources: the Infection Prevention and Control program; observations; interview with RPN #104. [s. 229. (4)]

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**Issued on this 6th day of January, 2022**

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

**Original report signed by the inspector.**