

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: March 24, 2025
Inspection Number: 2025-1582-0001
Inspection Type: Critical Incident
Licensee: Corporation of the County of Simcoe
Long Term Care Home and City: Simcoe Manor Home for the Aged, Beeton

INSPECTION SUMMARY

The inspection occurred on-site on the following date(s): March 14, 18 - 21, 2025
The inspection occurred off-site on the following date(s): March 17, 2025

The following intake(s) were inspected:

- Intake: #00134685, CI#573-000032-24 – related to AIR-COVID Outbreak
- Intake: #00136931, CI#573-000001-25 – related to unwitnessed fall with injury
- Intake: #00139811, CI#573-000006-25 – related to ARI Influenza A Outbreak

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

- Infection Prevention and Control
- Falls Prevention and Management

INSPECTION RESULTS

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WRITTEN NOTIFICATION: Required programs

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

Non-compliance with: O. Reg. 246/22, s. 53 (1) 1.

Required programs

s. 53 (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:

1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

The licensee has failed to comply with the falls prevention and management program when falls intervention was not functioning at the time when resident fell.

Sources: care plan, progress note, fall management program policy, interview with staff

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 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 the Standard issued by the Director related to Infection Prevention and Control (IPAC) was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement

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any standard or protocol issued by the Director with related to IPAC.

The IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 9.1 (b) indicated at minimum routine practices should include hand hygiene before and after resident environment contact.

A staff member did not perform hand hygiene when they entered and exited three resident rooms.

Sources: Inspector observations, interview with Staff

The licensee has failed to ensure that the Standard issued by the Director related to Infection Prevention and Control (IPAC) was implemented.

According to O. Reg. 246/22, s. 102 (2) (b), the licensee was required to implement any standard or protocol issued by the Director with related to IPAC.

The IPAC Standard for Long-Term Care Homes (LTCH), dated April 2022, revised September 2023, section 9.1 (f) indicated additional PPE requirements including appropriate selection application, removal and disposal.

A staff member did not wear a gown when they assisted a resident, who was on contact precaution.

Sources: Inspector observations, care plan, progress note, interview with Staff