

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

**Sudbury Service Area Office**  
159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965  
Sudbury SAO.moh@ontario.ca

## Original Public Report

<b>Report Issue Date:</b> November 28, 2022	
<b>Inspection Number:</b> 2022-1206-0002	
<b>Inspection Type:</b> Service Area Office (SAO) Initiated	
<b>Licensee:</b> The District of the Municipality of Muskoka	
<b>Long Term Care Home and City:</b> Fairvern, Huntsville	
<b>Lead Inspector</b> Chad Camps (609)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b>	

## INSPECTION SUMMARY

The Inspection occurred on the following date(s): October 25-26, 2022.

The following intake was inspected:

- Intake #00011177 related to a service area office-initiated infection prevention and control (IPAC) inspection.

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

Infection Prevention and Control

## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Binding on licensees

Non-Compliance (NC) #001 Written Notification (WN) pursuant to Fixing Long Term Care Act (FLTCA),

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**2021, section (s.) 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to carry out every policy directive that applied to the long-term care home.

**Rationale and Summary**

As per the Minister's Directive effective August 30, 2022, the licensee was to ensure that all health care workers providing direct care to or interacting with, a suspected or confirmed case of COVID-19 should wear eye protection as well as gowns.

The Inspector observed two Personal Support Workers (PSWs) assisting residents who required the use of personal protective equipment (PPE) during care which neither PSW utilized.

Registered Practical Nurse (RPN) staff and the Infection Prevention and Control (IPAC) Lead verified that the PSWs should have utilized the PPE when they provided care to the residents.

There was moderate risk to residents when staff did not utilize the PPE that were required when providing care to the residents.

**Sources:** Observations of a meal service; signage within the home; Case-Definition for the home's COVID-19 outbreak back-dated to October 8, 2022; the "Minister's Directive: COVID-19 response measures for long-term care homes" effective August 30, 2022; the "Ministry of Health COVID-19 Guidance: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings for Public Health Units" Version 8 – October 6, 2022; the "COVID-19 Guidance: Personal Protective Equipment (PPE) for Health Care Workers and Health Care Entities" Version 1.0 June 10, 2022; and interviews with RPN staff and the IPAC Lead. [609]

**WRITTEN NOTIFICATION: Safe and Secure Home**

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

Non-compliance with: Ontario Regulation (O.Reg.) 246/22, s. 12 (1) 3.

The licensee has failed to ensure that doors leading to non-residential areas were kept closed and locked when they were not being supervised by staff.

**Rationale and Summary**

On the first day of the inspection, a shower room and a dirty utility room door was observed open and

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unsupervised by staff, while the door to a hopper room was unlocked and unsupervised with chemicals stored on the floor.

On the second day of the inspection, the door to a dirty utility and a hopper room were found unlocked and unsupervised.

PSW and maintenance staff verified that the doors should have been kept closed and locked when not supervised by staff.

Maintenance staff identified that it was a risk to residents if they entered these rooms unsupervised.

**Sources:** Observations of the first and second floors home areas; and interviews with PSW and maintenance staff. [609]

## WRITTEN NOTIFICATION: Infection Prevention and Control Program

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

Non-compliance with: O.Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that the IPAC program implemented the IPAC Standard (the Standard) issued by the Director.

#### Rationale and Summary

Under s. 10. 4 (h) of the Standard, residents were to be supported to perform hand hygiene (HH) prior to receiving their meals.

The Inspector observed staff provide meals to residents without assisting or encouraging HH before the residents received their meals.

The IPAC Lead verified that staff should have provided or encouraged HH prior to the residents receiving their meals. There was moderate risk to residents related to the possible transmission of disease-causing organisms that may have been on their hands.

**Sources:** Observations of meal services; the home's HH policy titled "8.1 Hand Hygiene Program" effective June 29, 2022; Infection Prevention and Control Standard for Long-Term Care Homes April 2022; Just Clean Your Hands Implementation Guide Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home Catalogue No. 011816 3M September 2009; and an interview with the IPAC Lead. [609]