

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: January 4, 2024	
Inspection Number: 2023-1206-0005	
Inspection Type: Critical Incident	
Licensee: The District Municipality of Muskoka	
Long Term Care Home and City: Fairvern, Huntsville	
Lead Inspector Barbara Humenjuk (000741)	Inspector Digital Signature
Additional Inspector(s) Sylvie Byrnes (627)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 12 -14, 2023.

The following intake was inspected:

- Intake: #00091764/CIS #M634-000007-23, related to a fall.

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

- Infection Prevention and Control
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

Plan of care

Duty of licensee to comply with plan

s. 6 (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.

The licensee has failed to ensure that the care set out in the plan of care for resident #001 was provided as specified in the plan with regards to fall prevention.

Rationale and Summary

A resident had a fall and sustained an injury. The falls intervention actions identified in the care plan were not in place at the time of the fall.

As a result of the falls intervention not being in place, the resident was at moderate risk.

Sources: Record review: resident care plan and post fall assessment; interviews with registered staff; and the home's policy titled "Care Plan-Resident: last reviewed/revised June 2022." [000741]

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

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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 implement any standard and protocol issued by the Director with respect to infection prevention and control. Specifically, the home failed to ensure the point of care signage indicated the type of enhanced precaution required as per the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, Section 9.1.

Rationale and Summary

Resident rooms did not have point of care signage indicating the specific enhanced precaution type.

The lack of a specific enhanced precaution type on the point of care signage posed a low risk to residents.

Sources: Observation of signage; interviews with registered staff; record review of the home's policies titled: "Initiating Precautions 7.9, and Additional Precautions revised/reviewed October 2023"; and "Prevention and Management of Respiratory Outbreaks, reviewed October 2023;" and "Provincial Infectious Diseases Advisory Committee (PIDAC): PHO Routine Practices and Additional Precautions in All Health Care Settings, 3rd Edition, November 2012." [000741]