

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

Ottawa District
347 Preston Street, Suite 410
Ottawa, ON, K1S 3J4
Telephone: (877) 779-5559

Original Public Report

Report Issue Date: May 13, 2024	
Inspection Number: 2024-1380-0001	
Inspection Type: Critical Incident	
Licensee: Deep River and District Health	
Long Term Care Home and City: The Four Seasons Lodge, Deep River	
Lead Inspector Dee Colborne (000721)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): May 6, 7, 2024

The following intake(s) were inspected:

- Intake: #00102300 - Unexpected evacuation of residents related to a fire.

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

- Safe and Secure Home
- Infection Prevention and Control

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Infection Prevention and Control

NC #001 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).

1) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control is followed. Specifically, as per the IPAC standard for Long Term Care Homes additional requirement, 2.1, the home did not conduct real-time audits in regards to the selection, donning and doffing of PPE by staff on a quarterly basis.

Rationale and Summary:

During a review of the homes PPE audits, the inspector identified that audits for the selection, donning and doffing of PPE on staff, were only completed on two occasions. These were on a specified date in April , 2023 and May, 2023.

During an interview with the IPAC lead, they confirmed they have only conducted audits on staff donning PPE during outbreaks and do not conduct them on a regular basis, and were unaware of the IPAC standard additional requirement 2.1 to conduct them on a quarterly basis.

During an interview with the DOC they confirmed the homes expectation for the IPAC lead would be to conduct any audits as required by the IPAC standard.

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Failure to conduct PPE audits on staff, increases the risk of staff not following appropriate infection control precautions.

Sources: Review of homes IPAC audits, interview with IPAC Lead and DOC.
[000721]

2) The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control is followed. Specifically, as per the IPAC standard for Long Term care homes additional requirement, 7.3 (b), the home did not conduct audits on a quarterly basis to ensure that all staff can perform the IPAC skills required of their role.

Rationale and Summary:

During a review of the homes audits, there were no audits noted in regards to auditing staff to ensure they are able to perform IPAC skills pertinent to their role.

During an interview with the IPAC lead, they confirmed they have not conducted any audits on staff understanding their IPAC skills training and were unaware of the IPAC standard additional requirement 7.3 (b) to conduct them on a quarterly basis.

During an interview with the DOC, they confirmed the homes expectation for the IPAC lead would be to conduct any audits as required by the IPAC standard.

Failure to conduct audits on staff to ensure they are able to perform IPAC skills pertinent to their role, increases the risk of staff not following appropriate infection control precautions.

Sources: Review of homes IPAC audits, interviews with the IPAC lead and DOC.
[000721]