



**Ministry of Health and
Long-Term Care**

**Ministère de la Santé et des Soins
de longue durée**

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jan 29, 2019	2019_615609_0003	025681-18, 025684-18	Follow up

Licensee/Titulaire de permis

North Shore Health Network (fka Blind River District Health Centre)
525 Causley Street P.O. Box 970 BLIND RIVER ON P0R 1B0

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

North Shore Health Network - LTC Unit
525 Causley Street P.O. Box 970 BLIND RIVER ON P0R 1B0

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

CHAD CAMPS (609)

Inspection Summary/Résumé de l'inspection



The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): January 21-24, 2019.

The following intakes were inspected upon during this Follow up Inspection:

Two intakes related to CO #002 and #001 issued during inspection #2018_657681_0015, regarding: s. 6 (10) (b) of the Long Term Care Home's Act, 2007, related to reviewing and revising resident plans of care; and r. 48 (1) (3) of Ontario Regulation 79/10, related to implementing a continence care and bowel management program in the home.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), the Resident Assessment Instrument (RAI) Coordinator, Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Housekeeping staff, residents and family members of residents.

The Inspector(s) also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, staff education records, as well as relevant policies and procedures.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management**

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

- 1 WN(s)**
- 0 VPC(s)**
- 0 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 48. (1)	CO #001	2018_657681_0015		609
LTCHA, 2007 S.O. 2007, c.8 s. 6. (10)	CO #002	2018_657681_0015		609

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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the home, furnishings and equipment were kept clean and sanitary.

Compliance Orders (COs) #001 and #002 were issued from inspection #2018_657681_0015 pursuant to Ontario Regulation (O. Reg.) 79/10, r. 48 (1) (3) and the Long-Term Care Homes Act (LTCHA), 2007 S.O. 2007, c.8, s. 6 (10) (b) which outlined continence care concerns for residents #001, #002 and #003.

a) On a particular day, Inspector #609 observed resident #001, #002 and #003. Although no continence care concerns were identified, two of the three residents or 66 per cent had mobility aids that had significant caked on debris to the frames as well as soiled cushioning.

On the following day, the mobility aids of resident #001 and #003 remained soiled with debris to their frames and cushioning.

During an interview with RPN #102, they verified that the mobility aids of resident #001 and #003 were soiled.

b) During an interview with Housekeeping Staff #105, they indicated that it was Housekeeping staffs' responsibility to clean resident the mobility aids, while PSW staff were to clean the residents' cushioning.



A review of the resident room cleaning schedule was conducted with Housekeeping Staff #015 and found that resident #001's soiled mobility aid was last cleaned 52 days previously. Resident #003's soiled mobility aid was last cleaned 77 days previously.

c) During an interview with PSW #106, they outlined how it was nightshift PSW staffs' responsibility to clean the residents' cushioning covers, which was to be done on the residents' bath days.

A review of the health care records of resident #001 and #003, found no documentation that PSW staff ever cleaned the residents' cushioning covers.

During the same interview with PSW #106, they acknowledged that cleaning of residents' cushioning covers was not documented.

During an interview with the DOC, they were unable to provide any policy or procedure outlining who, where, or how resident mobility aids were to be cleaned.

The DOC was unable to provide any policy or procedure outlining a schedule of when the resident mobility aids or cushioning covers needed to be cleaned.

The DOC indicated that it was the expectation of the home that residents' equipment was to be kept clean and that they would be implementing a schedule so that staff would be able to follow and document the cleaning of mobility aids and cushioning covers. [s. 15.

(2) (a)]

Issued on this 29th day of January, 2019

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



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Original report signed by the inspector.