Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Public Report

Report Issue Date: February 20, 2025

Inspection Number: 2025-1293-0001

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

Long Term Care Home and City: Warkworth Place, Warkworth

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): February 10 - 12, 14, 18 - 20, 2025
The inspection occurred offsite on the following date(s): February 13, 2025
The following intake(s) were inspected:

- An intake regarding misappropriation of residents money.
- A complaint related to transfer status.
- Follow-up #01 - Compliance Order (CO) #001 / 2024-1293-0002, FLTCA, 2021, s. 24 (1) - Duty to Protect, Compliance Due Date (CDD): November 29, 2024.
- Follow-up #01 - CO #003 / 2024-1293-0003, FLTCA, 2021, s. 19 (2) (c) - Accommodation services, CDD: January 24, 2025.
- Follow-up #01 - CO #002 / 2024-1293-0003, FLTCA, 2021, s. 6 (9) 1. - Plan of Care, CDD: January 24, 2025.
- Follow-up #01 - CO #001 / 2024-1293-0003, FLTCA, 2021, s. 6 (7) - Plan of Care, CDD: January 24, 2025.

- Follow-up #01 - CO #006 / 2024-1293-0003, O. Reg. 246/22, s. 57 (2) - Pain Management, CDD: January 24, 2025.
- Follow-up #01 - CO #004 / 2024-1293-0003, O. Reg. 246/22, s. 35 (3) (a) - Nursing and personal support services, CDD: January 24, 2025.
- Follow-up #01 - CO #005 / 2024-1293-0003, O. Reg. 246/22, s. 55 (2) (b) (i) - Skin and Wound Care, CDD: January 24, 2025.
- An intake related to a fall of a resident with injury.

The following intakes were completed in the Critical Incident System Inspection: two critical incidents that were related to falls.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1293-0002 related to FLTCA, 2021, s. 24 (1)
Order #002 from Inspection #2024-1293-0003 related to FLTCA, 2021, s. 6 (9) 1.
Order #001 from Inspection #2024-1293-0003 related to FLTCA, 2021, s. 6 (7)
Order #006 from Inspection #2024-1293-0003 related to O. Reg. 246/22, s. 57 (2)
Order #005 from Inspection #2024-1293-0003 related to O. Reg. 246/22, s. 55 (2) (b) (i)

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #003 from Inspection #2024-1293-0003 related to FLTCA, 2021, s. 19 (2) (c)
Order #004 from Inspection #2024-1293-0003 related to O. Reg. 246/22, s. 35 (3) (a)

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

Skin and Wound Prevention and Management

Resident Care and Support Services
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Conditions of Licence

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #004 from inspection #2024-1293-0003 issued on November 8, 2024, with a compliance due date of January 24, 2025, to O. Reg. 246/22 s. 35 (3) (a) was not complied with.

The following components of the order were not complied:

d) Document a brief description of the contingency plan implemented on each shift when staffing shortages occurred or when resident care needs have not been met.

The licensee has failed to ensure that brief descriptions of actions taken were documented, such as reassignment of staff to a different Resident Home Area (RHA)

throughout the shift, to ensure residents' assessed care needs were met when staffing shortages occurred or when resident care needs have not been met.

Sources: Daily team huddles, staffing schedules, interview with the Executive Director.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #001
Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
There was no history of NC with FLTCA, 2021, s. 104 (4) issued for the CO.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by

the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Conditions of Licence

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 104 (4)
Conditions of licence
s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

CO #003 from inspection # 2024-1293-0003 issued on November 8, 2024, with a compliance due date of January 24, 2025, to FLTCA, 2021, s. 19 (2) (c) was not complied with.

The following components of the order were not complied:
2. Repair all wall, ceiling, and floor cracks so that they are smooth, tightfitting, and easy to clean.

The licensee has failed to ensure that all wall, ceiling, and floor cracks were repaired so that they are smooth, tightfitting, and easy to clean.

Sources: Observations of the home, interview with Environmental Services Manager #110.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021
Notice of Administrative Monetary Penalty AMP #002
Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of $1100.00, to be paid within 30 days from the date of the invoice.
In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:
There was no history of NC with FLTCA, 2021, s. 104 (4) issued for the CO.

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.
Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: Falls Prevention and Management

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 54 (2)
Falls prevention and management
s. 54 (2) Every licensee of a long-term care home shall ensure that when a resident

has fallen, the resident is assessed and that a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for falls. O. Reg. 246/22, s. 54 (2); O. Reg. 66/23, s. 11.

The licensee has failed to ensure that when a resident has fallen, the resident is assessed regularly using a clinically appropriate assessment instrument that is specifically designed for falls. In accordance with O. Reg. 246/22, s. 11 (1) (b), the licensee is required to ensure that the Fall Prevention and Management Program policy of the long-term care home is to be complied with.

Specifically, the staff did not comply with the Falls Prevention and Management Program Policy of the Long Term Care Home (LTCH) on ensuring that a specified falls assessment was completed on all required times and documented for a resident's post-fall. Staff acknowledged that the specified assessment was missed twice during the monitoring period for the resident as required by the home's policy.

Additionally, the Falls Prevention and Management Program Policy referenced an outdated tool that was to be used for documenting the specified assessment. The Acting Director of Care (ADOC) confirmed that the policy was not updated to reflect the new assessment tool used to document the assessment on PointClickCare.

Sources: Falls Prevention and Management Program Policy, resident's health records, interview with staff.

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702