



**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 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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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Dec 1, 2016	2016_295126_0025	013544-16	Resident Quality Inspection

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### **Licensee/Titulaire de permis**

CVH (No.6) GP Inc. as general partner of CVH (No.6) LP  
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H  
5L8

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

The Palace  
92 CENTRE STREET ALEXANDRIA ON K0C 1A0

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

LINDA HARKINS (126), MICHELLE JONES (655)

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## **Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): October 12, 13, 17, 18, 19, 20, 24, 2016**

**During this inspection one follow up to an Order and two Critical Inspections were conducted.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director Of Care, the Activity Manager, the Environmental Manager, Registered Nurses, Registered Practical Nurses, Personal Support Workers, the President of the Resident Council and the Representant of the Family Council, several residents and family members.**

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

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Skin and Wound Care  
Sufficient Staffing**

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

**2 WN(s)  
1 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
LTCHA, 2007 S.O. 2007, c.8 s. 8. (3)	CO #001	2016_289550_0018		126

### NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>



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**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 13. Every licensee of a long-term care home shall ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy. O. Reg. 79/10, s. 13.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that each resident bedroom occupied by more than one resident have sufficient privacy curtains to provide privacy.

On October 14 and 17, 2016, Inspector # 655 and Inspector # 126, observed that three residents sharing a room with other residents did not have sufficient privacy curtains to provide privacy.

Room 302, Inspector # 655 observed that the privacy curtain when pulled closed would not wrapped entirely around the bed area.

Room 311-4, Inspector # 126 observed that there was a missing a privacy curtain on the window side of the resident's bed leaving a gap at the front of the bed and on side of the bed.

Room 318, Inspector #126 observed that the privacy curtain when pulled closed would not wrapped entirely around the bed area.

On October 18, 2016, Insepctor # 126 had a discussion with the Director of Care who indicated that every resident shall have a privacy curtain that provides privacy.

On October 18, 2016, the Environmental Manager(EM) indicated that the home purchased new privacy curtains and it was the responsibility of the housekeeper to replace them when they were deep cleaning the room. The EM completed a walk around with Inspector # 126 and noted that in the 3 rooms identified, two privacy curtains were not able to wrapped entirely around the bed area to provide privacy and one privacy curtain was missing on the side of the window. He indicated that the Maintenance Assistant was to checked the rooms on the 3rd floor to ensure that all resident have privacy curtains that will provide privacy. [s. 13.]



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***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that every resident bedroom occupied by more than one resident has sufficient privacy curtains to provide privacy, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**

**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**

**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that any plan, policy, protocol, procedure, strategy or system institute or otherwise put in place was complied with.

In accordance with O. Reg 79/10 s. 136.(1) Every licensee of a long-term care home shall ensure, as part of the medication management system, that a written policy is developed in the home that provides for the ongoing identification, destruction and disposal of, (a) all expired drugs.

The home does have a Policy named Government Stock. Section 4-19 (no date on Policy). In the policy there is a section under Government Stock Log-Expiry and Re-Order of Government Stock that requires the home to ensure: " Every licensee of a long-term care facility shall check its government stocks items bi-monthly and log those items that will expire before the next "check"; remove those items from the stock with appropriate documentation on the Log; and re-order those items as stipulated by the pharmacy provided (See Sections 4-1 to 4-15 in this Policy & Procedures Manual)"

On October 20, 2016, the Assistant Director of Care came with Inspector # 126 to review the Government Medication Stock Room. On one of the shelves, it was noted that there was thirty six bottles of Enemol Enemas with an expiry date of August 2016 and there was one bottle of Vitamin C, 500 mg (250 tablets) with an expiry date of April 2016.

On October 24, 2016, discussion held with the Director of Care (DOC) who indicated that Registered Practical Nurse # 103 was responsible to review the Government Stock Room and the last verification was conducted in July 2016. Since July 2016, no one replaced RPN# 103 to review the Government Medication Stock Room. As of this day, the DOC did not know if the expired medications were removed from the Government Medication Stock Room.

The licensee did not "check" the government stocks bi monthly and did not remove the expired medications as per Policy 4-19. [s. 8. (1) (b)]



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**Issued on this 1st day of December, 2016**

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

**Original report signed by the inspector.**