

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: October 3, 2024

Inspection Number: 2024-1150-0004

Inspection Type:
Proactive Compliance Inspection

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: The Palace, Alexandria

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 18, 20, 23, 24, 26, 27, 2024 and October 1, 2, 2024

The inspection occurred offsite on the following date(s): September 25, 2024

The following intake(s) were inspected:

- Intake: #00126891 - PCI

The following Inspection Protocols were used during this inspection:

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration
- Medication Management
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Staffing, Training and Care Standards
Residents' Rights and Choices
Pain Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The Licensee failed to ensure all doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff. In September 2024, an inspector observed a key to access the continence storage closet in the lock. A Registered Practical Nurse (RPN) was made aware and removed the entry key to the continence storage closet.

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Date Remedy Implemented: September 18, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 268 (2)

Emergency plans

s. 268 (2) Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing.

During an interview with a specific staff member on a specific day, they described the licensee's emergency plan related to the loss of the essential service of heating. At the time of the interview the staff member was unable to provide Inspector with a written plan.

On a specific day the specific staff member provided the Inspector with a written record of the Licensee's emergency plan. The plan specifically outlined the process of responding to the loss of the essential service of heating the home.

Date Remedy Implemented: September 26, 2024

WRITTEN NOTIFICATION: Plan of Care

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

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident;

The licensee has failed to ensure that there is a written plan of care for a specific

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resident that sets out the planned care for the resident. Specifically, the written plan of care for the specific resident did not include written interventions and strategies to manage pain.

Sources: resident #012's health care records and interview with staff #101.

WRITTEN NOTIFICATION: Documentation

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee failed to ensure the provision of the care set out in the plan of care were documented. Specifically, to the documentation of the application of skin treatments ordered for two specific residents on multiple days during a specific month.

Sources: September 2024- Electronic Treatment Record (ETAR) for resident #015 and resident #008, Interview with staff #101.

WRITTEN NOTIFICATION: Documentation

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 6 (9) 2.

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Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

2. The outcomes of the care set out in the plan of care.

The licensee failed to ensure the outcome of care set out in the plan of care was documented for three specific residents. Specifically related to the documentation of food, and fluid intake after meals and snacks on multiple dates during a specific month.

Sources: Interview with staff #113, Point of Care (POC) record for the three specific residents.

WRITTEN NOTIFICATION: Dining and snack service

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 5.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

5. Food and fluids being served at a temperature that is both safe and palatable to the residents.

The licensee failed to ensure that food is being served at a temperature that is both safe and palatable to the residents. Review of the End Point Temperature record indicated food temperatures were not recorded prior to serving the breakfast and dinner meals on multiple dates during a specific month.

Source: Interview with staff #108, End Point Temperature Records, during specific dates.

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WRITTEN NOTIFICATION: CMOH and MOH

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 272

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home.

The Licensee failed to ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health Protection and Promotion Act are followed in the home, during a confirmed COVID-19 outbreak

Specifically, Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings Ministry of Health Effective, April 2024.

Section 3.12- Enhanced Environmental Cleaning and Disinfection of Common Areas recommends at a minimum twice daily for high touch surfaces (door handles/knobs, light switches, handrails, phones, elevator buttons, etc.), treatment areas, dining areas and lounge areas are to be cleaned and disinfected during a COVID-10 outbreak, and Section 5- Confirmed COVID-19 Outbreak, subsection 5.12- Enhanced

Environmental Cleaning and Disinfection recommends cleaning and disinfection practices should be conducted twice daily.

During a review of the record titled "Daily High-Touch Surface Cleaning Checklist", high touch cleaning was completed once on multiple days during the confirmed COVID-19 outbreak.



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

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Sources: Interview with staff #107, and staff #104, Record Review: Daily High-Touch Surface Cleaning Checklist, Policy 10.5 Environmental and high-touch surface cleaning, and disinfection (revised Feb 2024)