

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

Rapport d'inspection en vertu de
la Loi de 2007 sur les foyers de
soins de longue durée

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

Division des opérations relatives aux
soins de longue durée
Inspection de soins de longue durée

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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Mar 17, 2022	2022_791739_0010	017034-21, 017158-21	Complaint

Licensee/Titulaire de permis

CVH (No. 5) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.)

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

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

Country Village Homes - Woodslee

440 County Road 8, R.R. #2 South Woodslee ON N0R 1V0

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

JULIE DALESSANDRO (739)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): March 4, 7, 9, 10, 14, and 15, 2022.

During the course of this inspection the following intakes were completed:

Log #017034-21 related to staffing levels

Log #017158-21 related to personal support services

During the course of the inspection, the inspector(s) spoke with Resident(s), Housekeeper(s), Personal Support Worker(s), Registered Practical Nurse(s), Registered Nurse(s), the Environmental Services Manager, Associate Director of Care, and Director of Care.

During the course of this inspection, the inspector(s) also conducted observations and record review relevant to the inspection.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

Personal Support Services

Sufficient Staffing

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

2 WN(s)

1 VPC(s)

1 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Légende</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>

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 24. 24-hour admission care plan

Findings/Faits saillants :

The licensee had failed to ensure that a 24-hour admission care plan was developed for three separate residents within 24 hours of their admission to the home.

A record review of the “Interdisciplinary Assessment” Policy indicated that, “the initial plan of care assessment would include information that is required to begin safe care and ensure that assistance and care needs with ADL’s as well as safety risks for the resident is addressed”.

During an interview with Registered Nurse (RN) #107, they stated that there was a specific assessment in Point Click Care (PCC) titled “Admission and 24-hour Care Plan and Kardex” which was to be completed as the initial 24-hour plan of care for residents.

Three separate residents were admitted to the home. Record review of all three of their “Admission and 24-hour Care Plan and Kardex” in PCC did not include:

1. Any risks the residents may have posed to themselves, which included any risk of falling, and interventions to mitigate those risks.
2. Any risks the residents may have posed to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.

During an interview with the home’s Associate Director of Care (ADOC), they acknowledged that the “Admission and 24-hour Care Plan and Kardex” was not completed in full for the three residents reviewed, within 24 hours of admission and the expectation was that it would have been.

Not completing the initial 24-hour plan of care for residents put them at risk for not receiving the care they required from staff.

Sources: Admission and 24-hour Care Plan and Kardex Assessment, the home’s “Interdisciplinary Assessment” policy, interview with RN #107 and the ADOC.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care****Specifically failed to comply with the following:****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. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee had failed to ensure that bathing was documented for two separate residents.

Review of the home's policy titled, "Bathing, Showering, and Temperature Monitoring" stated in part that, care provided was to be recorded on the daily care record (or electronic equivalent).

Record review of two separate residents' "Care Record Report" from Point Click Care (PCC) over a three month period, showed missing documentation related to bathing.

During an interview with a Personal Support Worker (PSW), they indicated that when a bath was given it was documented in Point of Care (POC) and if there was no documentation it meant that the staff forgot to document the care at the end of their shift.

During an interview with the home's Director of Care (DOC), they acknowledged that there was missing documentation for both residents related to bathing and stated that the expectation would have been that the care was documented when provided.

Not documenting the care provided put the residents at minimal risk.

Sources: The home's bathing policy, care record reports for both residents, interview with a PSW and the DOC.

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 bathing is documented when resident's receive their bath, to be implemented voluntarily.

Issued on this 18th day of March, 2022

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Division des opérations relatives aux soins de longue durée
Inspection de soins de longue durée

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : JULIE DALESSANDRO (739)

Inspection No. /

No de l'inspection : 2022_791739_0010

Log No. /

No de registre : 017034-21, 017158-21

Type of Inspection /

Genre d'inspection: Complaint

Report Date(s) /

Date(s) du Rapport : Mar 17, 2022

Licensee /

Titulaire de permis : CVH (No. 5) LP by its general partners, Southbridge
Health Care GP Inc. and Southbridge Care Homes (a
limited partnership, by its general partner, Southbridge
Care Homes Inc.)
766 Hespeler Road, Suite 301, c/o Southbridge Care
Homes, Cambridge, ON, N3H-5L8

LTC Home /

Foyer de SLD : Country Village Homes - Woodslee
440 County Road 8, R.R. #2, South Woodslee, ON,
N0R-1V0

Madeleine Rondot

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

To CVH (No. 5) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.), you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /**No d'ordre :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 24. 24-hour admission care plan

Order / Ordre :

The licensee must comply with s. 24 (1) of O.Reg. 79/10.

Specifically, the licensee must:

-Re-educate all staff who are responsible for completing the "Admission and 24-hour Care Plan and Kardex" on the home's "Interdisciplinary Assessment" policy.

-Document the education, including the name, signature, and designation of staff in attendance, date, and the staff member who provided the education.

-Complete an audit within the first 24 hours of each new resident admission to ensure that the "Admission and 24-hour Care Plan and Kardex" is completed and reflective of the resident's care needs.

-Keep a record of the audit, including who completed the audit, and note any deficiencies and corrective action taken.

-Audits will continue for three months or until the order is complied by the Ministry of Long-Term Care.

Grounds / Motifs :

1. The licensee had failed to ensure that a 24-hour admission care plan was developed for three separate residents within 24 hours of their admission to the home.

A record review of the "Interdisciplinary Assessment" Policy indicated that, "the initial plan of care assessment would include information that is required to begin safe care and ensure that assistance and care needs with ADL's as well as

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Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

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safety risks for the resident is addressed”.

During an interview with Registered Nurse (RN) #107, they stated that there was a specific assessment in Point Click Care (PCC) titled “Admission and 24-hour Care Plan and Kardex” which was to be completed as the initial 24-hour plan of care for residents.

Three separate residents were admitted to the home. Record review of all three of their “Admission and 24-hour Care Plan and Kardex” in PCC did not include:

1. Any risks the residents may have posed to themselves, which included any risk of falling, and interventions to mitigate those risks.
2. Any risks the residents may have posed to others, including any potential behavioural triggers, and safety measures to mitigate those risks.
3. The type and level of assistance required relating to activities of daily living.

During an interview with the home’s Associate Director of Care (ADOC), they acknowledged that the “Admission and 24-hour Care Plan and Kardex” was not completed in full for the three residents reviewed, within 24 hours of admission and the expectation was that it would have been.

Not completing the initial 24-hour plan of care for residents put them at risk for not receiving the care they required from staff.

Sources: Admission and 24-hour Care Plan and Kardex Assessment, the home’s “Interdisciplinary Assessment” policy, interview with RN #107 and the ADOC.

An order was made by taking the following factors into account:

Severity: There was potential risk to the residents because the initial 24-hour plan of care did not include fall risk, behavioural risk, or the level of assistance the residents required for their activities of daily living.

Scope: This non-compliance was widespread as three residents did not have a 24-hour initial plan of care completed.

Compliance History: The licensee was previously found to be in non-compliance with different sections of the legislation in the last 36 months.

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

(739)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Apr 18, 2022

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

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2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail, commercial courier or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON M7A 1N3
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les
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2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8^e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or
section 154 of the *Long-Term
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2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
438, rue University, 8e étage
Toronto ON M7A 1N3
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 17th day of March, 2022

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Julie DAlessandro

Service Area Office /

Bureau régional de services : London Service Area Office