

**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**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jul 9, 2020	2020_638542_0013	004205-20, 004206-20	Follow up

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**Licensee/Titulaire de permis**

F. J. Davey Home  
733 Third Line East Sault Ste Marie ON P6A 7C1

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

F. J. Davey Home  
733 Third Line East SAULT STE. MARIE ON P6A 7C1

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

JENNIFER LAURICELLA (542)

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

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

**This inspection was conducted on the following date(s): June 15 - 19, 22 - 26, June 29 - 30 and July 2, 2020.**

**The following intakes were inspected on during this Follow up inspection:**

**One intake related to Compliance Order (CO) #001 that was issued during Inspection #2020\_822613\_0008 for s. 8. (1) of the Ontario Regulation 79/10, specific to ensuring that the home complied with the falls prevention and management interdisciplinary program was developed and implemented to reduce the incidence of falls and risk of injury.**

**One intake related to CO #002 that was issued during Inspection #2020\_822613\_0008 for r. 36 of the Ontario Regulation 79/10, specific to ensuring that staff used safe transferring and positioning devices or techniques when assisting residents.**

**A Critical Incident Inspection #2020\_638542\_0012 and a Complaint Inspection #2020\_638542\_0011 were conducted concurrently with this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Executive Director of Care (EDOC), Director of Care (DOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Registered Dietician (RD), Dietary Supervisor, the Infection Prevention and Control (IPAC) lead, Behavioural Supports Ontario (BSO) staff, Personal Support Workers (PSWs), Dietary Aides and residents.**

**The Inspector also conducted a tour of the resident care areas, reviewed relevant home policies, and observed meal services, resident rooms, resident common areas, and the delivery of resident care, including staff to resident interactions.**

**The following Inspection Protocols were used during this inspection:  
Personal Support Services**

**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:**

<b>REQUIREMENT/ EXIGENCE</b>	<b>TYPE OF ACTION/ GENRE DE MESURE</b>	<b>INSPECTION # / DE L'INSPECTION</b>	<b>NO</b>	<b>INSPECTOR ID #/ NO DE L'INSPECTEUR</b>
O.Reg 79/10 s. 36.	CO #002	2020_822613_0008		542
O.Reg 79/10 s. 8. (1)	CO #001	2020_822613_0008		542

**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 LTCHA, 2007 S.O. 2007, c.8, s. 101.  
Conditions of licence**

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

**Conditions of licence**

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act, 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that they complied with this Act, the Local Health System Integration Act, 2006, the Connecting Care Act 2019, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts.

Inspector #542 completed a Follow Up Inspection related to previous Compliance Order (CO) #002 that was issued during Inspection #2020\_822613\_0008. The home was ordered to;

Complete randomized weekly audits, on all shifts, of residents who required mechanical lift transfers, to ensure PSW and RPN staff, on all shifts were compliant with the home's policies. The home was to keep a record of who completed each audit, the staff name who completed the demonstration, including the date/time of the audit, the name of the resident, details of the resident's transfer care plan in place, any variances found, and corrective action taken. The Compliance Due Date was for April 30, 2020.

Inspector reviewed the home's documentation regarding the above CO and was unable to locate any audits that had been conducted.

Inspector #542 interviewed the Director of Care who indicated that the home had recently started completing the audits as due to the pandemic they had forgotten. [s. 101. (3)]

**Issued on this 9th day of July, 2020**

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

**Original report signed by the inspector.**