

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 28, 2022	2022_914196_0005	020038-21	Complaint

Licensee/Titulaire de permis

CVH (No. 9) 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 Cambridge ON N3H 5L8

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

Southbridge Roseview

99 Shuniah Street Thunder Bay ON P7A 2Z2

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

LAUREN TENHUNEN (196)

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): February 14 - 18, 2022.

The following intake was inspected upon during this Complaint inspection:

- one intake related to resident care concerns.

This Complaint inspection was conducted concurrently with a Critical Incident System (CIS) inspection #2022_914196_0006.

The Inspector also conducted daily tours of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed staff Infection Prevention and Control (IPAC) practices, reviewed relevant resident health care records, and relevant home's policies and protocols.

A finding of non-compliance related to s. 6.(7) of the LTCHA 2007, identified in the concurrent CIS inspection #2021_624196_0006 will be issued in this Complaint report.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Infection Prevention and Control (IPAC) Coordinator, Resident Assessment Instrument (RAI) Coordinator, Housekeeping Aide, Laundry Aide, family members and residents.

**The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Infection Prevention and Control
Personal Support Services**

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

5 WN(s)

3 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend

WN – Written Notification
VPC – Voluntary Plan of Correction
DR – Director Referral
CO – Compliance Order
WAO – Work and Activity Order

Légende

WN – Avis écrit
VPC – Plan de redressement volontaire
DR – Aiguillage au directeur
CO – Ordre de conformité
WAO – Ordres : travaux et activités

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).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 5. Every licensee of a long-term care home shall ensure that the home is a safe and secure environment for its residents. 2007, c. 8, s. 5.

Findings/Faits saillants :

1. The licensee failed to ensure that the home was a safe and secure environment for its residents, specifically related to staff use of masks.

COVID-19 Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007, issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7, effective December 24, 2021, and Public Health Ontario COVID-19: Universal Mask Use in Health Care Settings and Retirement Homes 3rd Revision: February 2022, identified the required use of masks as source control or as personal protective equipment (PPE) for all staff.

A Laundry aide was observed speaking to a resident in the dining room. The aide had their mask positioned below their nose.

A Personal Support Worker (PSW) was seated in the dining room assisting a resident with their meal. The PSW had their mask positioned under their chin.

The Infection Prevention and Control (IPAC) Coordinator reported that all staff were to wear their masks over the nose and mouth.

The Director of Care (DOC) reported that all staff were to wear the masks properly, over their nose and mouth.

Sources: Observations of a Laundry aide and a PSW; interviews with IPAC Coordinator and DOC; Directive #3. [s. 5.]

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 that ensures the home is a safe and secure environment for its residents, specifically related to staff use of masks, to be implemented voluntarily.

**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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

A resident was observed seated in a wheelchair and a fall prevention device was not in place.

The current care plan for the resident indicated that a fall prevention device was to be in place on their wheelchair for safety.

A PSW confirmed that the fall prevention device was not attached to the wheelchair; and an Registered Practical Nurse (RPN) reported that this resident was to have a fall prevention device in place while up in their wheelchair

Sources: Observations of a resident; Interviews with a PSW and an RPN; Review of the current care plan. [s. 6. (7)]

2. The licensee has failed to ensure that the care set out in the plan of care was provided to a resident as specified in the plan.

A resident was observed seated in a wheelchair and a fall prevention device was in place but it was not connected and operational.

The current care plan for the resident indicated that a fall prevention device was to be in place.

A PSW confirmed that the fall prevention device was not connected and working; and a Registered Practical Nurse (RPN) reported that this resident's fall prevention device should have been connected.

Sources: Observations of a resident; Interviews with a PSW and an RPN; Review of the current care plan. [s. 6. (7)]

3. The licensee has failed to ensure that a resident was reassessed and the plan of care reviewed and revised when, the resident's care needs changed or care set out in the plan was no longer necessary.

A resident was observed for continence care needs.

The care plan identified that the resident had specific continence care needs.

The admission continence assessment in Point Click Care (PCC) identified the resident had different continence care needs. There were no further continence assessments documented in PCC since that time.

The Assistant Director of Care (ADOC) reported that continence assessments were done in PCC, on admission and with a change in continence status.

The Resident Assessment Instrument (RAI) Coordinator reported that RPNs were to make changes to a resident's care plan when changes were noted.

Two PSWs reported that this resident had specific continence needs.

Sources: Observations of a resident; Review of licensee's policy titled, "Plan of Care - last updated June 2021, RC-05-01-01"; current care plan, admission continence assessment; Interviews with two PSWs, ADOC, and the RAI Coordinator. [s. 6. (10) (b)]

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 that ensures that the care set out in the plan of care is provided to residents as specified in their plan and residents are reassessed and the plan of care reviewed and revised when, the resident's care needs change or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that, (a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident who was incontinent received an assessment using a clinically appropriate assessment instrument that was specifically designed for assessment of incontinence.

A resident was observed for the provision of continence care.

Two PSWs reported the resident had specific continence needs.

The admission continence assessment in PCC identified this resident had different continence care needs. There were no further continence assessments documented.

The ADOC reported that in the home's most recent inspection, it was identified that continence assessments were missing; that they were documented in PCC on admission and with a change in continence status.

The licensee's policy titled, "Continence Care Management Program" last updated December 2020, indicated that a continence assessment was to be completed with any deterioration in the resident's continence level.

Sources: Observations of a resident; Interviews with two PSWs and an ADOC; Review of continence assessments in PCC and the licensee's policy titled, "Continence Management Program - RC-14-01-01" last updated December 2020. [s. 51. (2) (a)]

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 that ensures a resident who is incontinent receives an assessment using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care

Specifically failed to comply with the following:

s. 35. (2) Every licensee of a long-term care home shall ensure that each resident of the home receives fingernail care, including the cutting of fingernails. O. Reg. 79/10, s. 35 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident received fingernail care.

A resident was observed with dark coloured debris under their fingernails over the course of four consecutive days.

The ADOC reported that staff were to clean resident's finger nails if they were visibly soiled, in addition to on the resident's bath days.

The current care plan identified specific assistance with parts of hygiene care; and the bath schedule identified baths particular shifts during the week.

The licensee's policy titled, "Nail and Foot Care - Last updated: June 2021, RC-06-01-04", indicated that "all residents will have their fingernails/toenails and feet checked at the time of their bath/shower and all care provided according to their needs and preferences" and "Always provide correct and regular nail care to resident's so they can be protected from the risks of infection and feel comfortable".

Sources: Observations of a resident on four dates during the inspection; interview with an ADOC; review of a resident's care plan and Point of Care (POC) records; and the licensee's policy "Nail and Foot Care - Last updated: June 2021, RC-06-01-04". [s. 35. (2)]

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

A PSW was observed in the dining room of a home unit feeding a resident. The PSW was then observed to leave the dining room, attend to another resident in their room, and removed a soiled meal tray. Hand hygiene was not observed during these resident interactions.

The Infection Prevention and Control (IPAC) Coordinator reported that staff were to follow the 4 moments for hand hygiene, which included before and after every resident interaction.

Sources: Observations of meal service; and an interview with the IPAC Coordinator. [s. 229. (4)]

Issued on this 28th day of February, 2022

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

Original report signed by the inspector.