

**Ministry of Long-Term Care**

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

**North District**

159 Cedar St, Suite 403  
Sudbury, ON, P3E 6A5  
Telephone: (800) 663-6965

**Original Public Report**

<b>Report Issue Date:</b> March 11, 2024	
<b>Inspection Number:</b> 2024-1351-0001	
<b>Inspection Type:</b> Complaint	
<b>Licensee:</b> CVH (No. 9) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
<b>Long Term Care Home and City:</b> Southbridge Roseview, Thunder Bay	
<b>Lead Inspector</b> Jessamyn Spidel (000697)	<b>Inspector Digital Signature</b>

**INSPECTION SUMMARY**

<p>The inspection occurred onsite on the following date(s): February 5-9, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00103282 - Complainant concerns regarding care of a resident.</li> </ul>
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The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Staffing, Training and Care Standards

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Duty of licensee to comply with plan

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (7)**

Plan of care

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.

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.

#### Rationale and Summary

A review of a resident's admission orders included care to be provided at minimum twice daily, and more frequently if required.

An interview with a RN confirmed that care had been provided once daily or based on registered staff's discretion from visual inspection.

There was a significant risk identified to the resident when the home failed to provide care as ordered.

**Sources:** Review of home policies related to care; Resident's progress notes, administration records, and medical chart; Home's internal investigation, and Interviews with DOC, and other staff. [000697]

### WRITTEN NOTIFICATION: Documentation

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NC #002 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 has failed to ensure that the provision of the care set out in the plan of care was documented.

**Rationale and Summary**

An interview with a RN confirmed that prior to a resident's care being added to the administration record, documentation of care provided would have been made in progress notes.

A review of a resident's progress notes confirmed gaps in documentation of care.

The DOC and Administrator of the home both acknowledged gaps in a resident's documentation, specifically related to their care.

There was minimal risk identified to a resident when the home failed to document care.

**Sources:** Review of home policies related to care; Resident's progress notes, administration records, and medical chart; Home's internal investigation, and Interviews with the Administrator, DOC, and other staff. [000697]

**WRITTEN NOTIFICATION: Directives by Minister**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 184 (3)**

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Directives by Minister

s. 184 (3) Every licensee of a long-term care home shall carry out every operational or policy directive that applies to the long-term care home.

The licensee has failed to carry out every operational or policy directive that applies to the long-term care home.

Specifically, section 1.2 of Minister's Directive: COVID-19 response measures for long-term care homes requires staff, students, volunteers, and support workers to wear masks indoors in all resident care areas.

**Rationale and Summary**

Observations identified multiple staff wearing masks below their noses or mouth.

Interviews with the Infection Prevention and Control (IPAC) Program Lead, and a Personal Support Worker (PSW), confirmed that staff are required to wear a properly fitted surgical mask while in the home.

**Sources:** Review of signage, memos, and policies in the home; Observations; Interviews with the IPAC Lead, DOC, and other staff. [000697]

**WRITTEN NOTIFICATION: Laundry service**

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

**Non-compliance with: O. Reg. 246/22, s. 95 (1) (a) (iii)**

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(a) procedures are developed and implemented to ensure that,

(iii) residents' soiled clothes are collected, sorted, cleaned and delivered to the

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resident, and

The licensee has failed to ensure that procedures are implemented to ensure residents' soiled clothes are collected, sorted, and cleaned.

**Rationale and Summary**

Observations with the Environmental Services Manager (ESM) identified residents' clothing being laundered without being correctly sorted.

A review of the home's policy identified sorting instructions for staff to follow prior to laundering the items.

Interviews with the ESM and Administrator of the home, confirmed that laundry should be sorted and separated prior to being laundered.

**Sources:** Review of home policies including Linen Sorting and Washing Standards; Laundry sorting requirements for home areas; Observations; Interviews with the ESM, Administrator, and other staff. [000697]

**WRITTEN NOTIFICATION: Laundry service**

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

**Non-compliance with: O. Reg. 246/22, s. 95 (1) (b)**

Laundry service

s. 95 (1) As part of the organized program of laundry services under clause 19 (1) (b) of the Act, every licensee of a long-term care home shall ensure that,

(b) a sufficient supply of clean linen, face cloths and bath towels are always available in the home for use by residents;

The licensee has failed to ensure that sufficient supply of face cloths were always

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available in the home for use by residents.

**Rationale and Summary**

A review of the laundry quota in the home confirmed that face cloths, peri cloths, and hand towels should be delivered to each home area twice daily.

Observations made identified two home areas without hand towels, and one home area without face cloths available.

Interviews with PSWs confirmed that the home did not have sufficient supplies of laundry items including face cloths. Additional interviews with Laundry Aides confirmed that the home had been low on face and peri cloths, and struggled to maintain an adequate supply.

The ESM confirmed that the home had been struggling to maintain an adequate supply of face cloths.

**Sources:** Review of home policies including Linen Quotas; Laundry room quota sheets; Laundry sorting requirements for home areas; Observations; Interviews with the ESM, and other staff. [000697]