Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Central West Service Area Office
1st Floor, 609 Kumpf Drive
WATERLOO ON N2V 1K8
Telephone: (888) 432-7901
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Bureau régional de services de Centre Ouest
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Téléphone: (888) 432-7901
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Amended Public Copy/Copie modifiée 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
Feb 05, 2020	2019_739694_0026 (A1)	013676-19, 018754-19, 020158-19	Follow up

Licensee/Titulaire de permis

CVH (No. 8) 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

Shelburne Long Term Care Home
200 Robert Street SHELBURNE ON L9V 3S1

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

Amended by AMANDA COULTER (694) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

O. Reg. 79/10, s. 212(1), related to the administrator of the home, finding was removed based on new information provided by the home. The title or legislative reference cannot be removed from the report, but there was no finding.

Issued on this 5 th day of February, 2020 (A1)

[redacted]

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

Original report signed by the inspector.

Ontario

Ministry of Long-Term Care

Ministère des Soins de longue durée

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

Amended by AMANDA COULTER (694) - (A1)

Amended Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): November 25, 26, 27, 28 and 29, 2019.

Log #018754-19, a complaint regarding staff qualifications, plan of care and abuse and neglect,

Log #013676-19, CO#002 from inspection 2019_798738_0010 related to care plans, and

Log #020158-19, related to Fall Prevention.

Inquiries that were completed on site during the inspection;

Log #019886-19, related to care concerns, log #021084-19, Log #021005-19, Log #020411-19, Log #019928-19, related to an allegation of staff to resident abuse, Log #020963-19, related to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with During the course of the inspection, the inspector spoke with the Senior Executive Director (ED), ED, Director of Resident Care (DOC), Resident Services Coordinator, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Substitute Decision Makers (SDM), and residents.

The inspector also toured the home, observed the provision of care, meal and snack service, reviewed resident clinical records, reviewed relevant policies and procedures and interviewed residents and staff.

The following Inspection Protocols were used during this inspection:

Falls Prevention
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Sufficient Staffing

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

- **2 WN(s)**
- **2 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:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 24. (2)	CO #002	2019_798738_0010	694

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. 6. Plan of care

Specifically failed to comply with the following:

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; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

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).

Findings/Faits saillants :

1. The licensee failed to ensure the plan of care for residents set out clear directions to staff and others who provide direct care.

During this follow up inspection, a complaint was inspected.

The resident's care plan and kardex stated the resident required extensive assistance by two staff.

The most recent assessment said the resident required assistance of one staff.

In interviews with DOC #102, RPN #106, PSW's #104, #105 and #106, said they were unsure of the particular resident's care needs.

The licensee failed to ensure the plan of care for resident set out clear directions to staff and others who provide direct care. [s. 6. (1) (c)]

2. The licensee failed to ensure that care was provided to a resident, as specified in the plan.

During a follow up inspection, a critical incident system (CIS) intake was inspected, the CIS was related to a resident who had a fall and required transfer to hospital. Further medical assessment determined the resident sustained an injury during the fall.

The resident's clinical record was reviewed. A post fall assessment was completed. The resident's care plan said a specific medical device was to be in place for their safety. The device was not in place at the time of the resident's fall.

In interviews with DOC #102, RPN #106, PSW's #104, #105 and #106, they said the resident was high risk for falls. All staff interviewed said it was the staff's responsibility to ensure the device was in place and working.

The licensee failed to ensure that care was provided to a resident, as specified in the plan. [s. 6. (7)]

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 the plan of care sets out clear direction to staff and others who provide direct care, specifically related to their transfer status and that care is provided to residents, as specified in their plan, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 212. Administrator

Specifically failed to comply with the following:

s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,
(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration; O. Reg. 79/10, s. 212 (4).
(b) has at least three years working experience,
(i) in a managerial or supervisory capacity in the health or social services sector, or
(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d); O. Reg. 79/10, s. 212 (4).
(c) has demonstrated leadership and communications skills; and O. Reg. 79/10, s. 212 (4).
(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

Findings/Faits saillants :

(A1)

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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 the ED has the qualifications to be employed as the administrator of the home, to be implemented voluntarily.

Issued on this 5 th day of February, 2020 (A1)

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

Original report signed by the inspector.