

**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  
Facsimile: (519) 885-2015

Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

**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>
Nov 15, 2021	2021_920420_0002	015191-21	Critical Incident System

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**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

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

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

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

AMY ABBOTT (694420), SHARON PERRY (155)

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

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**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): November 3, 4 and 5, 2021.**

**The following intake was completed in this Critical Incident System Inspection: Log #015191-21 related to a change in resident health status that resulted in a resident being sent to hospital.**

**During the course of the inspection, the inspector(s) spoke with Executive Director, Director of Care, Housekeeping staff, Registered Practical Nurse, Registered Nurse, Personal Support Workers, Cook, Registered Nurse-Corporate Infection Prevention and Control Specialist and residents.**

**During the course of the inspection, the inspectors toured the home, observed resident and staff interactions, infection control practices, medication administration, and reviewed clinical health records, relevant homes policies and procedures and other pertinent documents.**

**The following Inspection Protocols were used during this inspection:  
Infection Prevention and Control  
Medication**

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

**1 WN(s)**

**1 VPC(s)**

**0 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 LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services**

Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).
  - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).
  - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home was using furnishings that were in good repair and safe to use.

During the inspection, five office chairs were noted to have worn upholstery and arm rests exposing foam. The office chairs could not be disinfected adequately. ED #100 shared that an IPAC assessment had been completed and identified that they needed to replace these with chairs that would withstand disinfectant practices. However, the office chairs remained in use after this assessment was completed.

There was increased risk to staff and resident's that infectious diseases could be transmitted because these surfaces could not be disinfected properly as part of the homes Infection Prevention and Control Program(IPAC)-Cleaning and Disinfecting Equipment.

Sources: Observations of the home on November 3, 4 and 5, 2021, IPAC Manual and an interview with ED #100 and Housekeeping Staff #102. [s. 15. (2) (c)]

***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 the home, furnishings and equipment are maintained in a safe condition and in a good state of repair, to be implemented voluntarily.***

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**Issued on this 17th day of November, 2021**

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

**Original report signed by the inspector.**