

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

Report Issue Date: August 9, 2024

Inspection Number: 2024-1397-0005

Inspection Type:

Critical Incident
Follow up

Licensee: St. Joseph's Health Centre of Sudbury

Long Term Care Home and City: St. Joseph's Villa, Sudbury, Sudbury

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): July 22 - 25, 2024

The following intake(s) were inspected:

- Two intakes related to a fall resulting in injury;
- One intake for a follow-up to compliance order #003 issued for O. Reg. 246/22 - s. 12 (1) 3 related to doors in the home;
- One intake for a follow-up to compliance order #002 issued for O. Reg. 246/22 - s. 102 (11) (a) related to the IPAC Program; and
- One intake for a follow-up to compliance order #001 issued for O. Reg. 246/22 - s. 11 (1) (b) related to policies to be followed.

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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Order #003 from Inspection #2024-1397-0003 related to O. Reg. 246/22, s. 12 (1) 3.
Order #002 from Inspection #2024-1397-0003 related to O. Reg. 246/22, s. 102 (11)
(a).

The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2024-1397-0003 related to O. Reg. 246/22, s. 11 (1) (b).

The following **Inspection Protocols** were used during this inspection:

- Resident Care and Support Services
- Infection Prevention and Control
- Safe and Secure Home
- Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

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

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to the resident as specified in the plan.

The licensee has failed to ensure that a falls prevention intervention was provided for a resident as specified in their plan of care.

Rationale and Summary

Inspector observations noted that a falls prevention intervention was not implemented for a resident as per their care plan.

Staff acknowledged the intervention should have provided and immediately put the falls intervention in place for the resident.

Additional observations during the course of the inspection noted the intervention remained in place for the resident.

Sources: A resident's health records; Inspector observations; and interviews with staff and Assistant Director of Care (ADOC).

Date Remedy Implemented: July 23, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.

Doors in a home

s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:

3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

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The licensee failed to ensure that doors in the home were to be kept locked when not supervised by staff.

Rationale and Summary

A door leading to a non-resident area in the home was found propped open. Staff acknowledged that a door stopper was not functioning properly, causing the door to be left open.

The Administrator confirmed that all doors in the home were to be kept locked when not supervised by staff. Additional observations during the inspection noted the door to be closed, locked and functioning properly.

Sources: Inspector observations; the home's policy titled, "Door Locking" (last reviewed March 2023); and interviews with staff and Administrator.

Date Remedy Implemented: July 25, 2024

WRITTEN NOTIFICATION: Licensee Must Comply

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

Conditions of licence

s. 104 (4) Every licensee shall comply with the conditions to which the licence is subject.

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2024_1397_0003 served on May 3, 2024, with a compliance due date of June 28, 2024.

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The required auditing process for night shift visual checks was not developed or fully implemented.

Rationale and Summary

During the inspection, the home provided documentation related to a CO. Upon review of the documents, the home was unable to demonstrate that the requirements of the CO were met.

Both the DOC and Administrator confirmed that no other documentation existed that would fulfill the requirements set out in the CO.

Sources: CO #001 from #2024_1397_0003; the home's compliance documentation; interviews with the DOC and Administrator.

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #003

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

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Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

COMPLIANCE ORDER CO #001 Infection prevention and control program

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 102 (11) (a)

Infection prevention and control program

s. 102 (11) The licensee shall ensure that there are in place,

(a) an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

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The licensee shall:

Conduct a documented review of the home's current process for Personal Protective Equipment (PPE) supply and stewardship, as they relate to the roles and responsibilities of staff when residents are on additional precautions.

- a) Upon completion of reviewing the processes for additional precautions and PPE, make the necessary revisions to demonstrate that the home follows best practice guidelines for PPE supply and stewardship.
- b) Ensure all staff who provide care to residents are trained on the revised processes as a result of the documented review.

Grounds

The licensee has failed to ensure there was an outbreak management system in place for detecting, managing, and controlling infectious disease outbreaks.

Rationale and Summary

The home's outbreak status at the time of inspection included an outbreak on one of the units in the home.

Inspectors observed signage for additional precautions for multiple resident rooms throughout the home, but no PPE or disposal bins were set up at the point of entry.

Staff acknowledged that PPE was not available at the point of entry for some residents on additional precautions, and if a resident required care, staff would retrieve PPE from a different area on the unit. Staff were inconsistent in describing the process for disposing of PPE, acknowledging that PPE was not always disposed of before exiting a resident's room.

The Infection Prevention and Control (IPAC) Lead indicated that PPE and disposal

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bins were to be set up at the point of entry to a resident's room, according to signage posted for additional precautions.

Sources: Inspector observations; the home's IPAC audits; resident health records; the home's policy titled, "Initiating Isolation and Additional Precautions" (revised June 29, 2023); and interviews with staff and IPAC Lead.

This order must be complied with by September 27, 2024

An Administrative Monetary Penalty (AMP) is being issued on this compliance order AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Compliance Order CO #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$5500.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with a requirement, resulting in an order under s. 155 of the Act and during the three years immediately before the date the order under s. 155 was issued, the licensee failed to comply with the same requirement.

Compliance History:

O. Reg. 246/22 s. 102 (11) (a)

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REVIEW/APPEAL INFORMATION

TAKE NOTICE The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3

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e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

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Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
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Ministry of Long-Term Care
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.