

**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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**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>
Sep 23, 2021	2021_914196_0002	011423-21	Complaint

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**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

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

Southbridge Lakehead

135 South Vickers Street Thunder Bay ON P7E 1J2

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

LAUREN TENHUNEN (196)

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

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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): September 13, 14, 16, and 20, 2021.**

**The following intake was inspected upon during this complaint inspection:  
- one log for resident care concerns.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), Recreation Aides, Housekeeping Aide, Maintenance Manager, Acting Food Service Supervisor (Acting FSS), Security staff member, family members and residents.**

**The Inspector also conducted daily tours of resident care areas, observed the provision of and services to residents, observed staff to resident interactions, observed infection prevention and control practices, reviewed one residents' health care record, air temperature monitoring records and reviewed relevant policies, procedures and programs.**

**Inspector #721027 attended this inspection.**

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

**Infection Prevention and Control  
Nutrition and Hydration  
Personal Support Services  
Recreation and Social Activities  
Safe and Secure Home**

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

**2 WN(s)  
2 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. 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 has failed to ensure that the home was a safe and secure environment for its residents.

Directive #3 for Long-Term Care Homes under the Long-term Care Homes Act, 2007, was to be implemented in all long-term care homes. The Directive included a guidance document titled, "Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes Version 6 – August 27, 2021" which identified the requirements for staff, visitors and residents who were entering the LTCH's premises. In addition, there was a specific screening tool that included the questions that should be asked to screen individuals for COVID-19 before entry.

Upon entry to the home to initiate the complaint inspection, Inspector #196 and Inspector #721027 were not asked the screening questions in entirety.

The Director of Care (DOC) reported that there was a private security agency that conducted the screening at the front door of the home and they were to ask the questions and triage.

As the screener did not ask all of the COVID-19 screening questions as identified in the guidance document, there was a risk that a person may enter the home and not be properly assessed.

Sources: observations; interview with DOC and Security staff member #100; and review of "Ministry of Health COVID-19 Screening Tool for Long-term Care Homes and Retirement Homes Version 6 – August 27, 2021". [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, to be implemented voluntarily.***

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**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).**

**Findings/Faits saillants :**

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

A complaint was submitted to the Director which outlined a concern that a resident was not provided with meals in the dining room unless they were with a family member.

The health care records identified that meals would be in a dining room during one of the two settings.

A Personal Support Worker (PSW) and a Registered Practical Nurse (RPN) reported to the Inspector that the resident had a meal on the unit on a date during the inspection. The RPN further added that for all meals, this resident would attend the dining room when the family was there to take them.

Sources: complaint to the Director; interviews with a PSW, an RPN, Acting Food Services Supervisor (FSS) and DOC; observations; review of resident #001's health care records and dining room seating 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 that ensures the care set out in the plan of care is provided to resident #001 as specified in the plan, to be implemented voluntarily.***

**Issued on this 23rd day of September, 2021**

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

**Original report signed by the inspector.**