

**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

<b>Original Public Report</b>	
<b>Report Issue Date:</b> September 8, 2023	
<b>Inspection Number:</b> 2023-1039-0002	
<b>Inspection Type:</b> Proactive Compliance Inspection	
<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 Lakehead, Thunder Bay	
<b>Lead Inspector</b> Christopher Amonson (721027)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Jennifer Lauricella (542)	

<b>INSPECTION SUMMARY</b>
<p>The inspection occurred onsite on the following date(s): July 10 - 14, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>One intake related to a Proactive Compliance Inspection (PCI).</li> </ul>

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

- Resident Care and Support Services
- Skin and Wound Prevention and Management
- Medication Management
- Food, Nutrition and Hydration
- Residents' and Family Councils
- Infection Prevention and Control
- Safe and Secure Home
- Prevention of Abuse and Neglect
- Quality Improvement

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Residents' Rights and Choices  
Pain Management  
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)**  
O. Reg. 246/22, s. 19

The licensee failed to ensure that all windows in the home that opened to the outdoors and were accessible to residents could not open more than 15 centimeters (cm).

#### Rationale and Summary

It was observed during the inspection that a slider window in an area accessible by residents was opened more than 15cm. On further inspection, there was no stopper in place to prevent the window from being opened to the maximum amount of 45.5cm. Both the Associate Director of Care (ADOC) and Environmental Services Manager (ESM) confirmed that all windows in the home accessible by residents should not be opened more than 15cm.

After discussing the window opening with the ADOC, it was observed that the slider window was fitted with a stopper to prevent the window opening greater than 15 cm.

There was minimal risk when the home failed to ensure that the window in an area accessible by residents could not be opened more than 15 cm; which was required to mitigate risks residents may pose to themselves, including falling.

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Sources: Resident health records; observations made by an Inspector; interviews with ESM and ADOC. [721027]

Date Remedy Implemented: July 13, 2023

### **WRITTEN NOTIFICATION: Air Temperature**

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 24 (3)

The licensee has failed to ensure the temperature was measured as required under subsection (2) and documented in writing, at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

#### **Rationale and Summary**

A review of the home's "Temperature Screening Logs" revealed that on several days in June 2023, the air temperature was not taken or documented at the required times, specifically in the morning.

The ADOC verified that their staff had not taken the air temperatures at the required times.

Failing to ensure that temperatures were taken and documented as required, placed the residents at risk for heat related illnesses.

Sources: The home's "Temperature Screening Log" for June, 2023; the home's policy titled "Preventing Heat-Related Illnesses," last updated June 2023; and an interview with the ADOC. [542]

### **WRITTEN NOTIFICATION: Registered Dietitian**

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

Non-compliance with: O. Reg. 246/22, s. 80 (2)

The licensee has failed to ensure that a registered dietitian was on site at the home.

#### **Rationale and Summary**

The Registered Dietitian (RD) stated that they provided all clinical and nutritional services virtually, with no hours onsite. This was confirmed by the Senior Executive Director (ED), who indicated that the RD was working a temporary contract providing all services offsite.

There was no impact to residents in the home and minimal risk at the time of non-compliance.

Sources: Interviews with the RD and Senior ED. [721027]

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## WRITTEN NOTIFICATION: Hand Hygiene

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that any standard or protocol issued by the Director with respect to infection prevention and control was implemented related to hand hygiene.

### Rationale and Summary

According to the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, dated April 2022, the home's IPAC program must include support for residents to perform hand hygiene (HH) prior to receiving meals and snacks, and after toileting.

During multiple observations of meal services, the inspectors observed that multiple residents were not supported with hand hygiene prior to the residents receiving their meals.

The IPAC lead stated that staff were expected to assist residents with hand hygiene before meals utilizing the hand sanitizer wipes located at the entrance of the dining room.

There was low risk to the residents who did not receive assistance with hand hygiene.

Sources: Observations made by the Inspectors; the home's policy titled "Hand Hygiene", last revised January 2023; IPAC Standard for Long-Term Care Homes, dated April 2022; Interviews with the IPAC lead and other staff. [542]

## WRITTEN NOTIFICATION: IPAC Standard

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

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

The licensee has failed to ensure that the IPAC lead carried out their responsibilities related to the hand hygiene program.

### Rationale and Summary

In accordance with IPAC Standard for LTCH, April 2022, and the Additional Requirement 10.1, the IPAC lead was to ensure that the hand hygiene program included 70-90 per cent alcohol-based hand rub.

Inspectors made observations of staff using the hand sanitizing wipes to assist multiple residents with hand hygiene prior to meal services. The IPAC lead acknowledged that the hand sanitizing wipes used by staff for resident hand hygiene contained 62% alcohol and did not meet the requirements of the hand hygiene program.

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Due to improper hand hygiene products being used in the home, there was minimal risk to residents.

Sources: Observations made by the Inspectors; the home's policy titled "Hand Hygiene", last reviewed January 2023; and interviews with the IPAC lead and various staff members. [721027]

### **WRITTEN NOTIFICATION: Director of Nursing and Personal Care**

**NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 250 (1)

The licensee has failed to ensure that there was a Director of Nursing and Personal Care in the home.

#### **Summary and Rationale**

Upon entering the home to begin the inspection, it was noted there was no Director of Care (DOC) in the home. Both the Associate Director of Care (ADOC) and Senior Executive Director (ED) confirmed that there was no one currently employed in the role of DOC which had been vacant for two months.

There was no observed or documented impact to residents and minimal risk at the time of non-compliance.

Sources: General observations; interviews with ADOC and Senior ED. [721027]