

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: April 15, 2024	
Inspection Number: 2024-1445-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: CVH (No. 9) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Southbridge Pinewood, Thunder Bay	
Lead Inspector Lauren Tenhunen (196)	Inspector Digital Signature
Additional Inspector(s) Manish Patel (740841) Ramesh Purushothaman (741150)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following dates: March 18 - 22, 2024.</p> <p>The following intake was inspected:</p> <ul style="list-style-type: none"> One intake: Proactive Compliance Inspection (PCI)

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Medication Management

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Food, Nutrition and Hydration
Residents' and Family Councils
Infection Prevention and Control
Whistle-blowing Protection and Retaliation
Prevention of Abuse and Neglect
Quality Improvement
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)

Non-compliance with: FLTCA, 2021, s. 85 (3) (r)

Posting of information

s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30; and

The licensee failed to ensure the explanation of the protections afforded under section 30, whistle-blowing protection, was posted in the home.

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On March 18, 2024, during the initial tour, an explanation of the whistle-blowing protection was not posted in the home. The DOC confirmed this was not posted.

The posting was observed on March 19, 2024, on the bulletin board.

Sources: Observations on March 18, and 19, 2024, and an interview with the DOC. [196]

Date Remedy Implemented: March 19, 2024.

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

Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.

Posting of information

s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee failed to ensure the visitors policy was posted in the home.

On March 18, 2024, during the initial tour, the visitors policy was not posted in the home. The DOC confirmed this was not posted.

The posting was observed on March 19, 2024, on the bulletin board.

Sources: Observations on March 18, and 19, 2024, and an interview with the DOC. [196]

Date Remedy Implemented: March 19, 2024.

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WRITTEN NOTIFICATION: Plan of Care - Documentation

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

Non-compliance with: FLTCA, 2021, s. 6 (9) 1.

Plan of care

s. 6 (9) The licensee shall ensure that the following are documented:

1. The provision of the care set out in the plan of care.

The licensee has failed to ensure that the provision of care set out in the plan of care for bathing, was documented for residents.

Rationale and Summary

Upon review of Point-Of-Care (POC) and Documentation Survey Report, it was noted that there was missing documentation for bathing for three different residents on different dates.

In interviews, Registered Practical Nurses (RPNs) and the Assistant Director of Care (ADOC) acknowledged that the provision of care for bathing was not documented for these residents on different dates.

There was no risk to the residents' health and well being for not documenting baths.

Sources: Record review of three residents care plans, POC and documentation survey report; interviews with the ADOC, and RPNs. [740841]

WRITTEN NOTIFICATION: Transferring and positioning techniques

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

Non-compliance with: O. Reg. 246/22, s. 40

Transferring and positioning techniques

s. 40. Every licensee of a long-term care home shall ensure that staff use safe transferring and positioning devices or techniques when assisting residents.

The licensee has failed to ensure that staff used safe transferring techniques when assisting residents.

Rationale and Summary

A resident was transferred with a mechanical lift by one PSW.

In interviews, an RPN and the DOC confirmed that two staff members were required when the mechanical lift was used to transfer residents.

There was moderate risk to this resident at the time of the transfer as there was a potential for injury when the transfer policy was not complied with.

Sources: Observation of a resident; Interviews with a PSW, an RPN and the DOC; and a review of a resident's care plan and the licensee policy titled, "Safe Lifting Program", reviewed November 2023. [196]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

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

Non-compliance with: O. Reg. 246/22, s. 168 (3)

Continuous quality improvement initiative report

s. 168 (3) The licensee shall ensure that a copy of the report is provided to the

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Residents' Council and Family Council, if any.

The licensee has failed to ensure that the Continuous Quality Improvement (CQI) initiative report prepared under the Ontario Regulation (O. Reg.) 246/22 s. 168 (1), was provided to the Residents' Council.

Rationale and Summary

The Long-Term Care Home's (LTCH) CQI report titled, "Continuous Quality Improvement Initiative Annual Report" was completed in May 2023 and was posted on the LTCH's website.

The Assistant Director (ADOC) confirmed that the CQI report was not provided to the Residents' Council.

Failure to provide the Residents' Council with the CQI Initiative Annual report may have impacted their ability to participate in the development of the home's quality improvement initiatives.

Sources: LTCH's CQI Initiative Annual Report dated May 2023, Residents' Council monthly meeting minutes, interviews with a resident and the ADOC. [741150]