

**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
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Telephone: (705) 564-3130
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Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
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Public Copy/Copie du rapport public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 27, 2020	2020_841679_0013	015031-20, 015032-20	Follow up

Licensee/Titulaire de permis

St. Joseph's Health Centre of Sudbury
1140 South Bay Road SUDBURY ON P3E 0B6

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

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15 Chelmsford ON P0M 1L0

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

MICHELLE BERARDI (679)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): October 13-15, 2020.

The following intakes were inspected during this Follow Up Inspection:

- One intake related to Compliance Order (CO) #001 issued during inspection #2020_679687_0005, regarding s. 131. (2), related to medication administration; and,**
- One intake related to CO #001 issued during inspection #2020_679687_0007, regarding s. 8 (1), related to medication and dining policy.**

A Critical Incident System (CIS) Inspection was conducted concurrently with this inspection (2020_841679_0012).

Inspector Ryan Goodmurphy #638 was present during this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Food Services Manager (FSM), Physiotherapist (PT), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Behavioural Support Ontario (BSO) Recreation Therapist, Personal Support Workers (PSWs), Food Service Assistant (FSAs), residents and their families.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:

**Dining Observation
Medication**

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

- 1 WN(s)**
- 0 VPC(s)**
- 1 CO(s)**
- 0 DR(s)**
- 0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2020_679687_0005		679

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 O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

The licensee has failed to ensure that the home's policy titled "Food Service Temperatures" was complied with.

Compliance Order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 8 (1) (b) from Inspection #2020_679687_0007, with a compliance due date of August 28, 2020, is being re-issued as follows:

The Long-Term Care Home's Act, s. 11 (1) requires the home to have an organized program of nutrition care and dietary services.

O. Reg. 79/10, s. 68 (2) requires that the program included the implementation of interventions to mitigate and manage risks related to nutrition care and dietary services.

Specifically, the staff did not comply with the home's "Food Service Temperatures" policy last reviewed March 7, 2019.

1. Part "b" of CO #001 indicated that the home was to document and maintain an accurate record of the food and fluid temperatures in the dining room server. During an observation of the food and fluid logs, Inspector #679 identified missing documentation for fluids on one home area. Additionally, during a review of the home's "Food Temperature Audit Forms", the Inspector identified 35 instances where the temperatures were not documented, and 31 instances where the temperatures were partially documented over a 33 day period.

In an interview with the Food Services Manager (FSM), they indicated that food/fluid temperatures were to be taken at each meal service and documented on the log in the

server. The FSM indicated that the audits reviewed indicated when the temperatures were completed, partially completed or not completed. The FSM indicated that for follow up, they had reminded staff that each space in the temperature log should be completed, and that it was an important this was done to ensure the food was meeting the standard.

2. Part “c” of CO #001 indicated that the home was to develop and conduct weekly audits to ensure that food and fluid temperatures were within the recommended temperatures by the Sudbury and District Health Unit. In an interview with the FSM, they indicated that they reviewed the temperatures documented on the food/fluid temperature log to ensure that they were within the recommended ranges of a minimum of 140 degrees Fahrenheit (F) for hot foods, and 40 degrees F or less for cold foods; however, the FSM was unable to provide documentation specific to the audit of the temperature of the foods as outlined in part “c” of the compliance order.

Inspector #679 reviewed the “Daily Food/Fluid Temperatures” log for each home area for a one-week period and noted that 156 temperatures were documented as being outside the recommended temperature ranges.

The home’s “Food Service Temperature” policy indicated that staff were to record all temperatures on a temperature log, and that any discrepancies within the established criteria were to be noted and reported to the FSM; additionally, the food services staff were to initiate the appropriate action to rectify the discrepancy. It was also identified that the “Daily Food/Fluid Temperatures” log provided instructions for staff to circle any temperatures which did not meet food standards and document the action taken, as well as a space for the supervisor to indicate the logs were reviewed. The Inspector noted that none of the Daily Food/Fluid temperature logs had circles around the temperatures which did not meet the requirements, nor did they have a supervisor signature.

Sources: Inspection report #2020_679687_0007, Food Temperature Audit Forms, Daily Food/Fluid Temperature log, policy titled “Food Service Temperatures” last revised March 7, 2019, Observations and Food Service Assistant/ Food Service Manager interviews.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

Issued on this 27th day of October, 2020

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

Original report signed by the inspector.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Public Copy/Copie du rapport public

Name of Inspector (ID #) /

Nom de l'inspecteur (No) : MICHELLE BERARDI (679)

Inspection No. /

No de l'inspection : 2020_841679_0013

Log No. /

No de registre : 015031-20, 015032-20

Type of Inspection /

Genre d'inspection: Follow up

Report Date(s) /

Date(s) du Rapport : Oct 27, 2020

Licensee /

Titulaire de permis : St. Joseph's Health Centre of Sudbury
1140 South Bay Road, SUDBURY, ON, P3E-0B6

LTC Home /

Foyer de SLD : St. Gabriel's Villa of Sudbury
4690 Municipal Road 15, Chelmsford, ON, P0M-1L0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Ray Ingriselli

To St. Joseph's Health Centre of Sudbury, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Order # /

No d'ordre : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Linked to Existing Order / 2020_679687_0007, CO #001;
Lien vers ordre existant:

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with s. 8 (1) of Ontario Regulation 79/10.

Specifically, the licensee must:

A) Document and maintain an accurate record of the food and fluid temperatures in the dining room servery.

B) Conduct weekly audits to ensure that the food and fluid temperature log documentation is completed. This process should be documented to include: the date of the audit, the result of the audit and any actions taken to rectify concerns identified in the audit. Conduct and document the audit's until no further concerns are identified in the audits for a two week period.

C) Ensure that where the food and fluid temperatures are not within the safe temperature range, staff follow the written directions on the "Daily Food/Fluid Temperatures" log, which includes circling any temperatures which do not meet the food standards, and documenting the actions taken to ensure temperatures meet the food standards.

D) Develop and conduct weekly audits to ensure that the food and fluid temperatures are within the recommended temperatures by the Sudbury & District Health Unit. This process should be documented to include: the date of the audit, the result of the audit and any actions taken to rectify concerns identified in the audit. Conduct and document the audit's until no further concerns are identified in the audits for a two week period.

Grounds / Motifs :

1. The licensee has failed to ensure that the home's policy titled "Food Service Temperatures" was complied with.

Compliance Order (CO) #001 related to Ontario Regulation (O. Reg.) 79/10, s. 8 (1) (b) from Inspection #2020_679687_0007, with a compliance due date of August 28, 2020, is being re-issued as follows:

The Long-Term Care Home's Act, s. 11 (1) requires the home to have an organized program of nutrition care and dietary services.

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

O. Reg. 79/10, s. 68 (2) requires that the program included the implementation of interventions to mitigate and manage risks related to nutrition care and dietary services.

Specifically, the staff did not comply with the home's "Food Service Temperatures" policy last reviewed March 7, 2019.

1. Part "b" of CO #001 indicated that the home was to document and maintain an accurate record of the food and fluid temperatures in the dining room server. During an observation of the food and fluid logs, Inspector #679 identified missing documentation for fluids on one home area. Additionally, during a review of the home's "Food Temperature Audit Forms", the Inspector identified 35 instances where the temperatures were not documented, and 31 instances where the temperatures were partially documented over a 33 day period.

In an interview with the Food Services Manager (FSM), they indicated that food/fluid temperatures were to be taken at each meal service and documented on the log in the server. The FSM indicated that the audits reviewed indicated when the temperatures were completed, partially completed or not completed. The FSM indicated that for follow up, they had reminded staff that each space in the temperature log should be completed, and that it was an important this was done to ensure the food was meeting the standard.

2. Part "c" of CO #001 indicated that the home was to develop and conduct weekly audits to ensure that food and fluid temperatures were within the recommended temperatures by the Sudbury and District Health Unit. In an interview with the FSM, they indicated that they reviewed the temperatures documented on the food/fluid temperature log to ensure that they were within the recommended ranges of a minimum of 140 degrees Fahrenheit (F) for hot foods, and 40 degrees F or less for cold foods; however, the FSM was unable to provide documentation specific to the audit of the temperature of the foods as outlined in part "c" of the compliance order.

Inspector #679 reviewed the "Daily Food/Fluid Temperatures" log for each home area for a one-week period and noted that 156 temperatures were documented as being outside the recommended temperature ranges.

Order(s) of the Inspector**Ordre(s) de l'inspecteur**

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Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The home's "Food Service Temperature" policy indicated that staff were to record all temperatures on a temperature log, and that any discrepancies within the established criteria were to be noted and reported to the FSM; additionally, the food services staff were to initiate the appropriate action to rectify the discrepancy. It was also identified that the "Daily Food/Fluid Temperatures" log provided instructions for staff to circle any temperatures which did not meet food standards and document the action taken, as well as a space for the supervisor to indicate the logs were reviewed. The Inspector noted that none of the Daily Food/Fluid temperature logs had circles around the temperatures which did not meet the requirements, nor did they have a supervisor signature.

Sources: Inspection report #2020_679687_0007, Food Temperature Audit Forms, Daily Food/Fluid Temperature log, policy titled "Food Service Temperatures" last revised March 7, 2019, Observations and Food Service Assistant/ Food Service Manager interviews.

An order was made by taking the following factors into account:

Severity: Minimal risk was identified as 13% of the food/fluid temperatures were not documented; Additionally, 31% of the documented temperatures were outside of the recommended range.

Scope: The scope of the non-compliance was isolated, as out of the records reviewed, 13% of the food/fluid temperatures were not documented; Additionally, 31% of the documented temperatures were outside of the recommended range.

Compliance History: A compliance order (CO) is being re-issued for the licensee failing to comply with s. 8 (1) of O. Reg 79/10. This subsection was issued as a CO on July 16, 2020, during inspection #2020_679687_0007 with a compliance due date of August 28, 2020. In the past 36 months, seven COs were issued to different sections of the legislation, all of which have been complied.

(679)

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Nov 24, 2020

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
151 Bloor Street West, 9th Floor
Toronto, ON M5S 1S4

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 27th day of October, 2020

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Michelle Berardi

Service Area Office /

Bureau régional de services : Sudbury Service Area Office