

**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  
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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>
Dec 2, 2021	2021_894684_0005	015600-21, 015742- 21, 016424-21	Complaint

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**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**

SHELLEY MURPHY (684)

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

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

**This inspection was conducted on the following date(s): November 22-26, 2021.**

**The following intakes were inspected on during this Complaint inspection: Two complaints that were submitted to the Director regarding abuse, continence care, housekeeping, staffing and the plan of care; and One complaint related to temperature of the home and staffing.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), family members and residents.**

**The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed infection prevention and control (IPAC) practices, observed staff to resident interactions, reviewed relevant health care records, staffing schedules, as well as relevant policies and procedures.**

**The following Inspection Protocols were used during this inspection:**  
**Accommodation Services - Housekeeping**  
**Continence Care and Bowel Management**  
**Infection Prevention and Control**  
**Personal Support Services**  
**Prevention of Abuse, Neglect and Retaliation**  
**Sufficient Staffing**

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

**1 WN(s)**

**1 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 O.Reg 79/10, s. 229. Infection prevention and control program**

**Specifically failed to comply with the following:**

**s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that all staff participated in the implementation of the home's infection prevention and control program.

During a walk through of all resident units it was noted that two resident rooms, had isolation caddy bags hanging on the doors; however the isolation signage which would indicate the type of precautions and Personal Protective Equipment (PPE) that was to be worn was missing.

In a interview with a registered staff member, they indicated that there should have been signage on the doors to indicate the type of isolation as well as PPE to be worn. They also confirmed that the isolation signs were not present.

The Inspector reviewed the home's policy titled, " Initiating Isolation and Additional Precautions", under the procedure section the policy indicated the following: "Place a notice on the resident/patient's door indicating the type of precautions being taken, including the specific personal protective equipment required".

Sources: Observations two resident rooms, review of the home's policy titled, "Initiating Isolation and Additional Precautions" last reviewed October 2021; interview with a registered staff member, and the ADOC. [s. 229. (4)]

***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 to ensure that all staff participate in the implementation of the program, to be implemented voluntarily.***

**Issued on this 2nd day of December, 2021**

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

**Original report signed by the inspector.**