Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

London Service Area Office
130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775
londonsao.moh@ontario.ca

Original Public Report

Report Issue Date: October 21, 2022	
Inspection Number: 2022-1702-0001	
Inspection Type: Post-Occupancy	
Licensee: CVH (No. 3) LP by its general partners, Southbridge Health Care GP Inc. and Sout	
Long Term Care Home and City: Southbridge London, London	
Lead Inspector Ali Nasser (523)	**Inspector Digital Signature** Ali Mohamad Nasser Digitally signed by Ali Mohamad Nasser Date: 2022.10.27 10:20:35 -04'00'
Additional Inspector(s) Melanie Northey (563)	

INSPECTION SUMMARY

The Inspection occurred on the following date(s):
October 3, 4, 5, 6, 7 and 8, 2022.

The following intake(s) were inspected:

- Intake: #00008842-Post-Occupancy Inspection

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

Infection Prevention and Control
Food, Nutrition and Hydration
Housekeeping, Laundry and Maintenance Services
Safe and Secure Home

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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)
FLTCA, 2021, s. 6 (10) (b).

The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised when a resident's care needs changed related to the use of an adaptive aid.

A specific resident was observed using an adaptive aid at mealtime. The Dietary Aide stated the resident required this specific aid to maintain independence, but the intervention was not added to the online plan of care. Registered Dietician (RD) stated the adaptive aid was not a part of the resident's Point Click Care (PCC) plan of care. The RD then responded to a dietary referral for the use of the adaptive aid for the specific resident, they assessed the resident, created a diet order for the use of the adaptive aid at all meals and updated the plan of care so staff were aware that the resident was to receive all meals using the adaptive aid.

Sources: Meal Suite, PCC clinical record, and staff interviews.

Date Remedy Implemented: October 6, 2022. [563]

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
FLTCA, 2021, s. 6 (8).

The licensee has failed to ensure that the staff and others who provide direct care to specific residents were kept aware of the contents of the residents' plans of care and had convenient and immediate access to it.

Specific Personal Support Workers (PSWs) stated they were kept aware of the contents of a resident's plan of care by reading the Kardex and that the Kardex was a part of the flowsheet binder where PSWs completed their documentation. A Registered Nurse (RN) stated the Kardex was a condensed version of the plan of care for each resident and was specific to the care and services provided by PSWs. The RN stated the Kardex were absent from the flowsheet binders for every resident. They found the Kardex in each of the residents' individual hard charts and they immediately removed and placed them in the

flowsheet binders for the PSWs. The Kardex was available at the nursing station as part of the residents' hard chart, but it would not be convenient or immediate to PSWs. PSW staff have the registered staff as a resource if there were any questions related to resident care.

Sources: hard chart clinical records for specific residents, and staff interviews.

Date Remedy Implemented: October 7, 2022. [563]

WRITTEN NOTIFICATION: Resident-Staff communication and response system

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O.Reg. 246/22, s. 20 (g).

The licensee has failed to ensure that the home was equipped with a resident-staff communication and response system that was properly calibrated so that the level of sound was audible to staff.

In an interview the Education Lead said the resident-staff communication and response system when activated would send a notification through Wi-Fi to staff cell phones. During demonstration of the system, it was noted the staff cell phones can be silenced and the system would not be audible when activated. They said the system was only active on Wi-Fi and there was no back up if the Wi-Fi went down.

In an interview the Director of Care (DOC) said the resident-staff communication and response system was meant to be audible to staff given the cell phones would be the only way the staff would know if the system was activated. Demonstration and observation of the system with the DOC showed the system was not audible to staff if the phones were silenced. There was a potential risk associated with the system not being audible to Staff, DOC said they will be working with the vendor to ensure phones could not be silenced and system was audible to staff all the time.

Sources: observations and staff interviews. [523]

WRITTEN NOTIFICATION: Infection Prevention and Control

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 implement any standard or protocol issued by the Director with respect to infection prevention and control.

The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes stated the following: ADDITIONAL REQUIREMENT UNDER THE STANDARD: 9.1 The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include: b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact).

ADDITIONAL REQUIREMENT UNDER THE STANDARD: 10.1 The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90 ABHR.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: 10.4 The licensee shall ensure that the hand hygiene program also includes policies and procedures, as a component of the overall IPAC program, as well as: h) Support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting; and i) Support for residents who have difficulty completing hand hygiene due to mobility, cognitive or other impairments.

During the initial tour, between the double doors to the home there were two tables socially distanced, and each table with a container of Oxivir Tb Wipes, a container of procedure masks, and a portable container of Isagel Ethyl Alcohol No Rinse Antiseptic Gel with 60 % ethyl alcohol, one on the sign in table and one at the reception desk. The continence carts parked in halls had a container of Isagel Ethyl Alcohol No Rinse Antiseptic Gel with 60 % Ethyl Alcohol.

Multiple observations during the inspection showed specific Personal Support Workers were not consistently performing hand hygiene between touching and clearing dirty dishes/utensils and assisting residents or serving food. Residents at multiple occasions did not receive support or encouragement to perform hand hygiene as required.

Staff were responsible to implement measures to support residents to perform hand hygiene and staff were to perform hand hygiene to prevent the transmission of infections that could put residents at increased risk.

Sources: The Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, observations and staff interviews. [563]

COMPLIANCE ORDER CO #001 Dining and Snack Service

NC #005 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O.Reg. 246/22, s. 79 (1) 8.

The Inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee must be compliant with of the O. Reg. 246/22, s. 79 (1) 8.

Specifically, the licensee must:

a) Ensure a specific resident is provided any personal assistance and encouragement required to safely eat and drink comfortably and independently as per assessment and plan of care interventions.

b) Ensure the resident who requires assistance with eating or drinking is not served a meal until someone is available to provide the assistance required by the resident.

Grounds

The licensee has failed to ensure that the home had a dining and snack service that included providing a specific resident with any personal assistance and encouragement required to safely eat and drink as comfortably and independently as possible.

The care plan in Point Click Care for the resident documented that they will be able to eat/drink with cueing by staff and they will receive the extensive assistance of one staff to feed part of their meal and hand them their drinks. The Resident had a specific condition and was ordered a special diet.

During the lunch dining service the resident was not provided assistance and/or cueing and was not roused to eat their meal when the meal were delivered. A Registered Practical Nurse (RPN) stated the resident required help to eat.

The Registered Dietitian (RD) stated the resident required extensive staff assistance throughout the meal. The Resident was at high nutrition risk related to poor oral intake.

The Extendicare Meal Service Policy RC-18-01-07 last updated December 2020 stated, “Ensure assistance and encouragement is given to residents as per care plan, including safe positioning and feeding techniques.”

Sources: resident’s clinical record, lunch meal observation, Meal Service Policy, and staff interviews. [563]

This order must be complied with by November 6, 2022.

COMPLIANCE ORDER CO #002 Dining and Snack Service

NC #006 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.
Non-compliance with: O.Reg. 246/22, s. 79 (1) 9.

The Inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:
The licensee must be compliant with of the O. Reg. 246/22, s. 79 (1) 9

Specifically, the licensee must:

a) Ensure specific residents are provided the proper techniques to assist them with eating, including but not limited to safe positioning and feeding techniques.

b) Ensure a specific Personal Support Worker (PSW) receive education and training related to safe feeding practices.

c) The licensee must keep a documented record of the training and education provided, the date completed, and who completed the education.

Grounds

The licensee has failed to ensure that the home had a dining and snack service that included, at a minimum, proper techniques to assist residents with eating who required assistance.

During the lunch dining service, a Personal Support Worker (PSW) attempted to provide food to a resident while standing over the resident. At this time the resident had been asleep through the soup serving and main meal when startled awake with a spoonful of food. The PSW left the table and returned to provide assistance to a tablemate while standing over them and proceeded to feed another resident on a different table and provided several spoonsful of food while standing over the resident.

The PSW verified the expectation for feeding residents safely was for staff to sit while providing feeding assistance to residents. The Registered Dietitian (RD) stated the requirements when assisting in feeding a resident included staff sitting at head level, resident and staff always seated and never standing due to choking risk. The RD shared that it would be especially unsafe to feed a resident who was not fully alert since one of the residents is high risk for choking.

The Extendicare Meal Service Policy RC-18-01-07 last updated December 2020 stated, “Ensure assistance and encouragement is given to residents as per care plan, including safe positioning and feeding techniques."

Sources: clinical record reviews for specific residents and staff interviews. [563]

This order must be complied with by November 6, 2022.

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REVIEW/APPEAL INFORMATION

TAKE NOTICE
The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:
(a) registered mail, is deemed to be made on the fifth day after the day of mailing
(b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
(c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:
(a) An order made by the Director under sections 155 to 159 of the Act.
(b) An AMP issued by the Director under section 158 of the Act.
(c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board
Attention Registrar
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
438 University Avenue, 8th Floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

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