



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

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

**Sudbury Service Area Office**  
 159 Cedar St, Suite 403  
 Sudbury, ON, P3E 6A5  
 Telephone: (800) 663-6965  
 northdistrict.mltc@ontario.ca

**Modified Public Report (M)**

<b>Report Issue Date:</b> December 29, 2022	
<b>Inspection Number:</b> 2022-1188-0002	
<b>Inspection Type:</b> Follow up Critical Incident System	
<b>Licensee:</b> St. Joseph's Care Group	
<b>Long Term Care Home and City:</b> Bethammi Nursing Home, Thunder Bay	
<b>Lead Inspector</b> Lauren Tenhunen (196)	<b>Inspector Digital Signature</b>
<b>Additional Inspector(s)</b> Christopher Amonson (721027) Jean Pierre Nabarra de Benejacq (000702) attended the inspection during orientation.	

**MODIFIED INSPECTION REPORT SUMMARY**

This inspection report was modified to reflect the dates this inspection occurred.

**INSPECTION SUMMARY**

The Inspection occurred on the following dates:

- December 5 – 9, 2022.

The following intakes were inspected:

- One intake related to Compliance Order (CO) #001, issued in report #2022-1188-0001, related to section (s.) 24(1), of the Fixing Long-Term Care Act (FLTCA) 2021, regarding prevention of abuse, with a compliance due date (CDD) October 27, 2022;
- Three intakes related to resident falls with significant injury;
- Four intakes related to resident to resident abuse; and

- One intake related to sexual abuse of a resident.

## Previously Issued Compliance Orders

The following previously issued Compliance Orders were found to be in compliance:

Order #001 from Inspection #2022-1188-0001 related to FLTCA, 2021, s. 24 (1) inspected by Lauren Tenhunen (196)

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

- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Responsive Behaviours
- Falls Prevention and Management
- Medication 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)

FLTCA, 2021, s. 184 (3)

The screening area upon entry to the home was observed and a list of the signs and symptoms of COVID-19 was not posted.

The Administrator was made aware and a list of the signs and symptoms of COVID-19 was then posted on the plexiglass partition beside the screening desk.



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**Sources:** Observations of screening desk; and the Minister’s Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022; “COVID-19 Guidance Document for Long-Term Care Homes in Ontario” updated October 14, 2022.

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Date Remedy Implemented: December 9, 2022

## **WRITTEN NOTIFICATION: Infection prevention and control program**

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

Non-compliance with: O.Reg. 246/22, s. 102 (15) 2.

The licensee has failed to ensure that the IPAC lead designated under O. Regulation 246/22, s. 102 (15), worked in the position, on site at the home, for the required amount of time; in a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

### **Rationale and Summary**

During the inspection, the new Infection prevention and control (IPAC) lead worked in that role, onsite, for two days.

A record review identified that the previous IPAC lead had worked less than the required hours over an approximate six week time period.

**Sources:** Review of IPAC lead hours, resident census list; and interviews with the IPAC lead and the DOC.

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## **WRITTEN NOTIFICATION: Infection prevention and control program**

### **NC #003 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, including resident hand hygiene, was implemented.

**Summary and Rationale**

Observations were made of a dining room meal service. Hand hygiene of residents was not observed.

In interviews, PSWs provided conflicting information regarding the provision of hand hygiene to residents prior to meals in the dining room.

The DOC confirmed that HH was to be provided to the residents prior to meals.

**Sources:** Homes' policy titled, "Hand Hygiene" last reviewed April 2022; "Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, April 2022"; observations of a dining room; Interviews with PSWs and the DOC.

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**WRITTEN NOTIFICATION: Safe storage of drugs****NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O.Reg. 246/22, s. 138 (1) (a) (ii)

The licensee failed to ensure that drugs are stored in an area or a medication cart that is secure and locked.

**Rationale and Summary**

During multiple observations, resident care carts were observed with drawers unlocked and open, which held containers of resident prescription ointments and creams.

The DOC confirmed these resident care carts were to be locked at all times unless staff were present.

**Sources:** Observations of resident care carts; interviews with a PSW and the DOC; and review of the home's policy titled, "Medication Storage in the Facility" which read, "Medication storage



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areas, room, and carts are kept locked".  
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## **WRITTEN NOTIFICATION: Minister's Directive**

**NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**  
Non-compliance with: FLTCA, 2021, s. 184 (3)

The licensee has failed to ensure that every operational or policy directive that applies to the long-term care home related to masking requirements, was complied with.

### **Rationale and Summary**

On two separate dates, two staff members were observed by the Inspectors to have their masks under their nose, while in resident care areas.

The Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022, identified that Licensees must ensure that the masking requirements as set out in the "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" was followed. The COVID-19 Guidance Document, updated October 14, 2022, stated masks were required for long-term care staff, as well as for visitors and others entering long-term care homes.

**Sources:** Observations of two staff members on two separate dates; and review of Minister's Directive: COVID-19 response measures for long-term care homes, effective August 30, 2022; "COVID-19 Guidance Document for Long-Term Care Homes in Ontario" updated October 14, 2022.

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