

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: May 17, 2024.	
Inspection Number: 2024-1188-0002	
Inspection Type: Proactive Compliance Inspection	
Licensee: St. Joseph's Care Group	
Long Term Care Home and City: Bethammi Nursing Home, Thunder Bay	
Lead Inspector Amanda Belanger (736)	Inspector Digital Signature
Additional Inspector(s) Lisa Kluge (000725) Margaret Beamish (000723)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 22-25, 2024.
The inspection occurred offsite on the following date(s): April 29, 2024.

The following intake(s) were inspected:

- One intake related to a PCI Inspection

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

- Skin and Wound Prevention and Management
- Resident Care and Support Services
- Residents' and Family Councils
- Food, Nutrition and Hydration

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Medication Management
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Implementation of Satisfaction Survey

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 43 (4)

Resident and Family/Caregiver Experience Survey

s. 43 (4) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in carrying out the survey and in acting on its results.

The licensee has failed to ensure that the advice of Resident Council and Family Council was sought prior to the implementation of the satisfaction survey.

Summary and Rationale

The Administrator indicated that the Resident Council and Family Council were not consulted prior to implementing the home's yearly satisfaction survey for residents and families.

There was low impact to the residents as a result of the home not seeking the input of Resident Council and Family Council.

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Sources: Resident Council Minutes; Family Council Minutes; and, interview with the Administrator, and other relevant staff.

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WRITTEN NOTIFICATION: Response to Councils within 10 Days

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

Non-compliance with: FLTCA, 2021, s. 63 (3)

Powers of Residents' Council

s. 63 (3) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing.

The licensee has failed to ensure that concerns or recommendations brought forward in Residents Council were responded to within 10 days, in writing.

Summary and Rationale

A review of Residents Council meeting minutes identified resident concerns and suggestions.

The home was unable to provide any written responses to the concerns captured in the meeting minutes.

There were low risk to the residents, as the concerns were being addressed the following month at the next council meeting.

Sources: Residents Council meeting minutes; licensee policy titled "Residents'

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Council", last revised June 2022; and, interview with a resident, Director of Care (DOC) and other relevant staff.

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**WRITTEN NOTIFICATION: Written Replies to Family Council
within 10 days**

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

Non-compliance with: FLTCA, 2021, s. 66 (3)

Powers of Family Council

s. 66 (3) If the Family Council has advised the licensee of concerns or recommendations under either paragraph 8 or 9 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Family Council in writing.

The licensee has failed to ensure that when there were concerns or suggestions from Family Council, that a written response was provided within 10 days.

Summary and Rationale

A review of the Family Council minutes identified concerns, however, the home was unable to provide any evidence to support that a written response was provided to the Family Council addressing these concerns.

There was low risk of harm to the residents as a result of written responses not being provided to the Family Council.

Sources: Family Council Meeting Minutes; interview with Family Council President, DOC, and other relevant staff.

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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)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that staff complied with the Infection Prevention and Control (IPAC) Standard that was issued by the Director.

Summary and Rationale

The IPAC Standard indicated that Additional Precautions were to include additional personal protective equipment (PPE) requirements including appropriate selection and application by staff.

Inspector #736 observed staff members entering and exiting four resident rooms without the additional required PPE.

The IPAC Lead confirmed that staff were to put on the required PPE before entering resident rooms when indicated.

Sources: The home's Outbreak Line List; Inspector observations; and, interviews with the PSW, and IPAC Lead.

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WRITTEN NOTIFICATION: Continuous Quality Improvement Committee

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

Non-compliance with: O. Reg. 246/22, s. 166 (2)

Continuous quality improvement committee

s. 166 (2) The continuous quality improvement committee shall be composed of at least the following persons:

8. At least one employee of the licensee who has been hired as a personal support worker or provides personal support services at the home and meets the qualification of personal support workers referred to in section 52.
9. One member of the home's Residents' Council.
10. One member of the home's Family Council, if any.

The licensee has failed to ensure that the required participants were involved in the quality committee for the home, including a member of the home's Residents' Council, and Family Council, and a PSW.

Rationale and Summary

The Administrator indicated that a member of the Resident Council and Family Council did not participate in the quality council within the home. The Administrator further indicated that at the time of the inspection, a PSW did not participate in the quality committee.

There was low impact to the residents as a result of the required participants not being involved in the quality committee.

Sources: Terms of reference for Professional Advisory Committee (PAC); meeting

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minutes for PAC; and, interview with the Administrator and other relevant staff.

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WRITTEN NOTIFICATION: Quality Reports

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2)

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

1. The name and position of the designated lead for the continuous quality improvement initiative.
3. A written description of the process used to identify the home's priority areas for quality improvement for the next fiscal year and how the home's priority areas for quality improvement for the next fiscal year are based on the recommendations of the home's continuous quality improvement committee.
4. A written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement in the next fiscal year.
5. A written record of,
 - i. the date the survey required under section 43 of the Act was taken during the fiscal year,
 - ii. the results of the survey taken during the fiscal year under section 43 of the Act,and
6. A written record of,
 - iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,
 - iv. the role of the continuous quality improvement committee in actions taken under

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subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the quality report contained the required information.

Rationale and Summary

A review of the quality report on the home's website noted that the report was missing required information, including the name and position of the designated quality lead for the home. It was also noted that the report did not have a written description of the process used to identify the home's priority areas, the dates of the resident and family satisfaction surveys, and did not include the role of the Resident and Family Councils, nor the role of the continuous quality improvement committee.

The Administrator confirmed that the written report related to quality that had been posted on the website was missing some of the required information.

There was low impact to the residents as a result of the quality report posted on the home's website not containing the required information.

Sources: Home's website; reports titled "Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario", QIP Progress Report (2023-2024), and QIP Improvement Plan and Targets (2024-2025); and, interview with the Administrator.

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