

**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**Central East Service Area Office
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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 28, 2020	2020_603194_0016	007304-20, 017850- 20, 018174-20, 020238-20	Complaint

Licensee/Titulaire de permisCVH (No. 6) LP by its general partners, Southbridge Health Care GP Inc. and
Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care
Homes Inc.)

766 Hespeler Road, Suite 301 c/o Southbridge Care Homes CAMBRIDGE ON N3H 5L8

Long-Term Care Home/Foyer de soins de longue duréeOrchard Villa
1955 Valley Farm Road PICKERING ON L1V 3R6**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

CHANTAL LAFRENIERE (194)

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): September 21, 22, 23, 24, 25, 28, 29, 30, October 1, 5, 2020. October 6 and 7, 2020 were completed offsite.

Inspected a Complaint related to resident care, a Complaint related to menu, call bells and flooring, a Complaint and a Critical Incident Report related to disease management.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Assistant Directors of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Worker (PSW), Food Service Manager (FSM), Infection Control Practitioner (ICP), Housekeeping staff, Environmental Service Manager (ESM), Dietary Aide, Corporate Representative, Physician and Residents.

The inspector observed staff to resident provision of care, condition of flooring throughout the home, infection control practices and call bells. The inspector reviewed, clinical health records of identified residents, COVID-19 screening records, relevant policies related to infection control practices, Medication policy, cleaning of floors and Complaints and customer service.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Housekeeping

Falls Prevention

Infection Prevention and Control

Medication

Nutrition and Hydration

Personal Support Services

Reporting and Complaints

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

5 WN(s)

5 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (4) The licensee shall ensure that the staff and others involved in the different aspects of care of the resident collaborate with each other,

(a) in the assessment of the resident so that their assessments are integrated and are consistent with and complement each other; and 2007, c. 8, s. 6 (4).

(b) in the development and implementation of the plan of care so that the different aspects of care are integrated and are consistent with and complement each other. 2007, c. 8, s. 6 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the staff and others involved in the different aspects of the resident's care, collaborated with each other in the development and implementation of the plan of care, so that the different aspects of care were integrated and were consistent with and complement each other.

The resident stated that they do not recall anyone speaking to them about management of their condition during their admission, where a number of treatments were discontinued. The resident had asked the registered staff and physician on numerous occasions since admission to have the treatments re-ordered. Registered staff and physician did not collaborate with each other related to the re-ordering of the resident's treatments, placing the resident at an increased risk of harm. The resident was subsequently admitted to hospital for assessment.

Sources: The resident's electronic Medication Administration Record (e-MARs), record of therapeutic testing records, Progress notes, the Medication policy, Interview with resident, Registered staff and others. [s. 6. (4) (a)]

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 by ensuring that the staff and others involved in the different aspects of care of the resident collaborated with each other in the development and implementation of the plan of care, so that the different aspects of care were integrated and were consistent with and complement each other, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints

Specifically failed to comply with the following:

s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that a written complaint received from a resident's SDM, was immediately forwarded to the Director.

A written complaint was provided to the DOC describing ongoing resident care concerns. The DOC stated that the concerns related to the resident were addressed but were not forwarded to the Director.

Sources: Clinical health record of the resident, complaint letter, Investigation notes, Complaint and Customer service Policy, Interview with DOC and other staff. [s. 22. (1)]

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 by ensuring that a written complaint concerning the care of a resident shall immediately be forwarded to the Director, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 87. Housekeeping
Specifically failed to comply with the following:**

s. 87. (2) As part of the organized program of housekeeping under clause 15 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(a) cleaning of the home, including,

(i) resident bedrooms, including floors, carpets, furnishings, privacy curtains, contact surfaces and wall surfaces, and

(ii) common areas and staff areas, including floors, carpets, furnishings, contact surfaces and wall surfaces; O. Reg. 79/10, s. 87 (2).

Findings/Faits saillants :

1. The licensee failed to ensure that procedures were developed and implemented for cleaning of the common areas, including floors.

A complaint was received by the Director that their hallway flooring was not being cleaned. Observation of the unit verified that soiled areas were visible throughout the hallway.

Policy Cleaning Frequency stated that the home must have a cleaning schedule, and all corridors were to be cleaned routinely, Dust mop and wash hard floor surfaces according to the schedule or use auto-scrubber where available.

Interviews with PSW and RN staff indicated that the hallway flooring on the units were frequently soiled. Several housekeeping staff interviewed were inconsistent in who was responsible for cleaning the hallway flooring on the units. The ESM stated that there were no schedules in place for the cleaning of the hallway flooring on the unit.

Sources: Policy related to cleaning of corridors in the home, review of the housekeeping cleaning checklist, Interviews with ESM, housekeeping, an other staff. [s. 87. (2) (a)]

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 by ensuring that procedures are developed and implemented for (ii) common areas and staff areas, including floors, carpets furnishings, contact surfaces and wall surfaces, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 101. Dealing with complaints

Specifically failed to comply with the following:

s. 101. (1) Every licensee shall ensure that every written or verbal complaint made to the licensee or a staff member concerning the care of a resident or operation of the home is dealt with as follows:

3. A response shall be made to the person who made the complaint, indicating,
i. what the licensee has done to resolve the complaint, or
ii. that the licensee believes the complaint to be unfounded and the reasons for the belief. O. Reg. 79/10, s. 101 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that a response was made to the SDM of a resident, indicating what the licensee had done to resolve the complaints received.

The SDM of a resident expressed concern in two complaints. Review of the homes internal investigations did not support any evidence, that responses indicating what was done to resolve the two complaints, were provided to the SDM. The DOC stated that responses as to what was done to resolve the complaints were not provided to the SDM of the resident.

Sources: Clinical health record of a resident, complaint letter, Investigation notes, Complaint and Customer service Policy, Interview with DOC and other staff. [s. 101. (1) 3.]

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 by ensuring that every written or verbal complaint made to the licensee concerning the care of a resident or operation of the home is, investigated and resolved where possible, and a response that complies with paragraph 3 provided within 10 business days of the receipt of the complaint, to be implemented voluntarily.

WN #5: 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 failed to ensure that staff participated in the implementation of the infection prevention and control program when personal belongings for a resident, identified with a condition, were washed and hung in a shared bathroom.

SDM of a resident, expressed concern related to soiled items left in the resident's shared bathroom. Review of the co-resident's plan of care indicated that the resident's items were to be washed by the PSW when they became soiled. RPN and PSW explained that PSW staff cleaned the personal items in the shared bathroom sink. Infection Control and Prevention nurse reviewed the cleaning process in place for co-residents personal items and stated that this was not a safe practice.

The home's infection control policy directed to staff were to transport laundry from the resident's room to the laundry room separately from other laundry in the home.

Sources: Infection control policy, clinical health records of a resident, interviews with ICP nurse and others. [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 by ensuring that staff participate in the implementation of the program, to be implemented voluntarily.

Issued on this 29th day of October, 2020

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

Original report signed by the inspector.