

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

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Amended Public Copy/Copie modifiée du rapport public

Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ No de registre	Type of Inspection / Genre d'inspection
Jun 23, 2020	2020_548756_0003 (A2)	020600-19, 024278-19	Critical Incident System

Licensee/Titulaire de permis

CVH (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 durée

The Palace
92 Centre Street ALEXANDRIA ON K0C 1A0

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

Amended by LYNE DUCHESNE (117) - (A2)

Amended Inspection Summary/Résumé de l'inspection modifié

Due to the current COVID-19 pandemic, the compliance due date for the both orders is extended to October 31, 2020.

Issued on this 23rd day of June, 2020 (A2)

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

Original report signed by the inspector.

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

Amended by LYNE DUCHESNE (117) - (A2)

Amended Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident System inspection.

This inspection was conducted on the following date(s): January 20, 21, 22, 23, 24, 28, 29, 2020

The following intakes were inspected:

- Log 020600-19: A Critical Incident Report (CI #2642-000015-19) related to an incident that caused an injury to a resident for which the resident is taken to hospital and which results in a significant change in the resident's health status**
- Log 024278-19: A Critical Incident Report (CI #2642-000018-19) related to an incident of alleged staff to resident abuse or neglect**

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Assistant Director of Care (ADOC), several Registered Nurses (RN), several Registered Practical Nurses (RPN), several Personal Support Workers (PSW), Housekeeping staff, Maintenance staff, a Physiotherapy Aide (PTA), an Administrative Assistant, and to several residents.

During the course of the inspection, the inspector reviewed several resident health care records, observed the provision of resident care and services, observed resident bathrooms and equipment, reviewed a licensee's internal investigation documents, reviewed employee qualifications, orientation and education, reviewed the following licensee policies: #RC-02-01-02 'Zero Tolerance of Resident Abuse and Neglect: Response and Reporting', last updated June 2019; #RC-02-01-03 'Zero Tolerance of Resident Abuse and Neglect: Investigation and Consequences', last updated June 2019; #RC-02-01-06 'Supervised Visitation', last updated June 2019; #RC-02-01-01 'Zero Tolerance of Resident Abuse and Neglect Program', last updated June 2019; #RC-02-01-05 'Whistleblower Protection', last updated June 2019; #RC-02-01-02 A2 'Jurisdictional Reporting Requirement', last updated June 2019; #RC-09-01-02 'Resident Safety Incident Investigation, Analysis and Remediation', last updated June 2019.

The following Inspection Protocols were used during this inspection:

- Accommodation Services - Maintenance**
- Falls Prevention**
- Personal Support Services**
- Prevention of Abuse, Neglect and Retaliation**
- Sufficient Staffing**
- Training and Orientation**

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

- 6 WN(s)**
- 4 VPC(s)**
- 2 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. 76. Training

Specifically failed to comply with the following:

s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

Findings/Faits saillants :

The licensee has failed to ensure that all staff have received training in the above listed areas before performing their responsibilities.

The licensee hired six new employees during a 3 months period in 2019.

Staff member #118 was hired on a specified day in 2019, a month prior to staff member #115 and started working as a PSW on a resident care unit thirteen (13) days later.

Staff members #115 was hired on a specified day in 2019 and started working as a PSW on a resident care unit the next day, the same day that staff member #114 was hired.

Staff member #114 was hired on a specified day in 2019, one day after #115 was hired and started working as a PSW on a resident care unit the next day, one day

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after staff member #115 had started working on a resident care unit.

Staff member #117 was hired on a specified day in 2019, the same day as staff member #119 was hired, and started working as a PSW on a resident care unit twelve (12) days later.

Staff member #119 was hired on a specified day in 2019, the same day as staff member #117 was hired, and started working as a PSW on a resident care unit twenty (20) days later.

Staff member #116 was hired on a specified day in 2019, eight (8) days after staff member #119 started to work on resident care units and started working as an RN on a resident care unit the same day.

A review of the orientation and staff education program indicated that none of the newly hired employees received training on the following prior to performing their responsibilities:

- 1) The Residents' Bill of Rights.
- 2) The long-term care home's mission statement.
- 3) The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4) The duty under section 24 to make mandatory reports.
- 5) The protections afforded by section 26.
- 6) The long-term care home's policy to minimize the restraining of residents.
- 7) Fire prevention and safety.
- 8) Emergency and evacuation procedures.
- 9) Infection prevention and control.
- 10) All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11) Any other areas provided for in the regulations.

The ADOC said that orientation and training on the above requirements was not done as they wanted to coordinate a group orientation versus individual orientation for newly hired staff. A group orientation had been planned for January 6, 2020, but this was postponed due to an outbreak event declared on January 1, 2020 and has not been rescheduled. The ADOC said that all the newly hired staff members did receive several days of hands-on training via a "buddy-system" with peer staff members. The DOC and Administrator said that they were aware that the newly hired staff members #114, #115, #116, #117, #118 and #119 had not received orientation and training on the above requirements prior to performing their responsibilities on resident home areas and that the only orientation and

training they have received to date is from their peer staff members.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A2)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 001

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 218. Orientation For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

- 1. The licensee’s written procedures for handling complaints and the role of staff in dealing with complaints.**
- 2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member’s responsibilities.**
- 3. Cleaning and sanitizing of equipment relevant to the staff member’s responsibilities. O. Reg. 79/10, s. 218.**

Findings/Faits saillants :

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The licensee has failed to ensure that all staff have received training in the following additional areas before performing their responsibilities:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities [Log #024278-19]

The licensee hired five (5) new PSWs and one new RN during a three (3) month period in 2019.

PSW staff members #114, #115, #117, #118 and #119 received several days of hands-on training via a “buddy-system” with peer PSW staff members. RN staff #116 also received several days of hands-on training via a “buddy-system” with peer RN staff members.

Discussions were held with PSWs #121, #122 and #125 who are some of the peer staff members who provided “buddy” training with the newly hired PSWs, as well as RN #106 and #123 who provided peer training to RN #116. All five (5) indicated that they did not review with the newly hired PSWs and RN the licensee’s written procedures for handling complaints and they only review the role of staff in dealing with complaints if there is an issue that is brought forward. They also said that they only review the use of mechanical lifts used for the residents for which they are providing care.

The ADOC said that the general orientation includes information related to the licensee’s complaint procedures as well as the safe and correct use of equipment. However, staff members #114, #115, #116, #117, #118 and #119 did not receive this orientation and this information was not provided to them prior to performing their responsibilities on resident home areas.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

(A2)

The following order(s) have been amended / Le/les ordre(s) suivant(s) ont été modifiés: CO# 002

**WN #3: 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. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

The licensee has failed to ensure that the care set out in the plan of care is documented.

A Critical Incident (CI) Report, CI #2642-000018-19, was submitted to the Director on a specified day in 2019, which alleged that PSW #113 was not providing certain personal care tasks to residents. The documented care records of the three residents named in the allegation, resident #001, #002, #003, were reviewed related to these care provisions.

A review of resident #001's Point of Care documentation for a specified month in 2019 was completed and the care record showed a lack of documentation for the provision of care on a specified shift for 8 out of the 31 days of the month. In addition, there was missing documentation for assistance with toileting on two different shifts. On a specified shift, there was missing documentation for a total of 14 days in the specified month in 2019. On a separate shift, there was missing documentation for a total of 8 days in the same specified month in 2019.

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A review of resident #002's Point of Care documentation for the specified month in 2019 was also completed. The care record showed no documentation for the provision of care on a specified shift for a total of 14 out of 31 days of the specified month. Regarding assistance with toileting, there was missing documentation on two different shifts. On a specified shift there was missing documentation for 19 days in the specified month in 2019. On a separate shift, there was missing documentation for 12 days in the same specified month in 2019.

A review of resident #003's Point of Care documentation for a specified month in 2019 was completed. The care records showed no documentation for the provision of care on a specified shift for 14 out of 31 days of the specified month in 2019. In addition, resident #003's care records had missing documentation for assistance with toileting on two different shifts. On a specified shift, there was no documentation found for 8 days in the specified month in 2019. On a separate shift, there was no documentation found for 18 days in the specified month in 2019.

In an interview, PSW #114 stated that the care provided is to be documented each shift. However, PSW #114 stated that if a shift is short staffed then there is not enough time to complete the documentation of the care provided. In addition, PSW #114 stated that PSW #113 would tell them not to complete their documentation as PSW #113 did not want to complete theirs.

ADOC #101 confirmed that the expectation is that staff document the provision of care each shift.

Additional Required Actions:

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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 the provision of care as set out in the plan of care is documented, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 24. Reporting certain matters to Director

Specifically failed to comply with the following:

s. 24. (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:

- 1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 3. Unlawful conduct that resulted in harm or a risk of harm to a resident. 2007, c. 8, s. 24 (1), 195 (2).**
- 4. Misuse or misappropriation of a resident's money. 2007, c. 8, s. 24 (1), 195 (2).**
- 5. Misuse or misappropriation of funding provided to a licensee under this Act or the Local Health System Integration Act, 2006. 2007, c. 8, s. 24 (1), 195 (2).**

Findings/Faits saillants :

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The licensee has failed to ensure that a person who has reasonable grounds to suspect abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident is immediately reported to the Director.

A Critical Incident (CI) Report, CI #2642-000018-19, was submitted to the Director on a specified day in 2019, regarding allegations of abuse and neglect of residents by PSW #113. The report further stated PSW #113 had been reported by 3 staff members as being voluntary neglectful and verbally and physically aggressive towards residents.

On a specified day in 2019, PSW #114 provided a written document to the home detailing a pattern of verbal and physical abusive behaviour towards residents, as well as neglect to provide personal care on a specified shift to residents. When interviewed on a specified day in 2020, PSW #114 stated they had identified these events as abuse when they occurred and confirmed that they did not immediately report to management or to the Director.

PSW #111 provided a written document to the ADOC and Administrator on an unspecified date which detailed a pattern of verbal abuse towards residents #001 and #003 by PSW #113. This document stated that the events occurred the first couple weeks of a specified month in 2019. In an interview on a specified day in 2020, PSW #111 stated they identified PSW #113's behaviours as abuse when speaking with a coworker, PSW #114. PSW #111 stated they reported these events to management one or two days later when PSW #114 revealed they would be bringing this concern forward to management.

A written document submitted by PSW #115 to the home on a specified day in 2019, revealed an event on a previous work day where PSW #113 got angry and yelled at resident #001.

When interviewed, ADOC #101 stated that the staff members who reported the alleged abuse did not have exact dates for the events but reported that these events had occurred a few weeks previous to coming forward. ADOC #101 confirmed that all staff are expected to report allegations of resident abuse and neglect immediately.

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 a person who has reasonable grounds to suspect that abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident shall immediately report the suspicion and the information upon which it is based to the Director, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 47.

Qualifications of personal support workers

Specifically failed to comply with the following:

s. 47. (1) Every licensee of a long-term care home shall ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title,

(a) has successfully completed a personal support worker program that meets the requirements in subsection (2); and

(b) has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.

s. 47. (3) Despite subsection (1), a licensee may hire as a personal support worker or to provide personal support services,

(a) a registered nurse or registered practical nurse,

(i) who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and

(ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario;

(b) a person who was working or employed at a long-term care home as a personal support worker at any time in the 12-month period preceding July 1, 2011, if,

- (i) the person was working as a personal support worker on a full-time basis for at least three years during the five years immediately before being hired, or**
- (ii) the person was working as personal support worker on a part-time basis for the equivalent of at least three full-time years during the seven years immediately before being hired;**
- (c) a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker;**
- (d) a person who is enrolled in a program described in subsection (2) and who is completing the practical experience requirements of the program, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program;**
- (e) a person,**
 - (i) who has a diploma or certificate granted in another jurisdiction resulting from a program that was a minimum of 600 hours in duration, counting both class time and practical experience time,**
 - (ii) who has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has completed a program referred to in clause (2) (a), and**
 - (iii) who has provided the licensee with proof of graduation issued by the education provider;**
- (f) a person who is enrolled in a program that is a minimum of 600 hours in duration, counting both class time and practical experience time, and meets,**
 - (i) the vocational standards established by the Ministry of Training, Colleges and Universities,**
 - (ii) the standards established by the National Association of Career Colleges, or**
 - (iii) the standards established by the Ontario Community Support Association, but such a person must work under the supervision of a member of the registered nursing staff and an instructor from the program; or**
- (g) a person who, by July 1, 2018, has successfully completed a personal support worker program that meets the requirements set out in clause (f), other than the requirement to work under supervision, and has provided the licensee with proof of graduation issued by the education provider. O. Reg. 399/15, s. 1.**

Findings/Faits saillants :

1. The licensee has failed to ensure that all the persons hired on or after January 1, 2016, as personal support workers or to provide personal support services,

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regardless of title, has successfully completed a personal support worker program that meets the requirements listed below and has provided the licensee with proof of graduation issued by the education provider.

PSW #111 started working as a PSW as of a specified date in 2019. Prior to this, PSW #111 had been an employee of the home since 2018. PSW #111 had been working in another capacity prior to completing their PSW program.

On January 23, 2020, inspector #117 reviewed PSW #111's employee file. There was no proof of graduation, issued by an education provider. The administrative assistant #108, who oversees employee files, said that they were not aware that PSW #111's proof of graduation was not in the file. The DOC said that they had not verified PSW #111 proof of graduation when PSW #111 changed their employment position within the home.

2. The licensee has failed to ensure that hired personal support workers or others, meet the following conditions:

- a person who is enrolled in an educational program for registered nurses or registered practical nurses and who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker [47. (3) (d)] or
- a person, (i) who has a diploma or certificate granted in another jurisdiction resulting from a program that was a minimum of 600 hours in duration, counting both class time and practical experience time;(ii) who has a set of skills that, in the reasonable opinion of the licensee, is equivalent to those that the licensee would expect of a person who has completed a program referred to in clause (2) (a), and; (iii) who has provided the licensee with proof of graduation issued by the education provider; [r. 47. (3) (e)]

A) PSW #119 was hired on a specified date in 2019 and started working as a PSW twelve (12) days later.

PSW #120 was hired and started working as a PSW as of a specified date in 2018.

On January 28, 2020, inspector #117 reviewed PSW #119 and #120's employee files. PSW #119 and #120 employment application document indicated that they are enrolled in an educational program for registered nurses. However, there was

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no information indicating that there had been verification of their enrollment in an educational program for registered nurses. The DOC said that they had not verified PSW #119's and #120's enrollment an educational program for registered nurses when they were hired in the position of a PSW.

B) PSW #118 was hired on a specified day in 2019 and started working as a PSW thirteen (13) days later.

On January 28, 2020, inspector #117 reviewed PSW #118's employee file. PSW #118's employment application document indicated that PSW #118 has a college diploma. PSW #118 does not have a certificate of completion of a personal support worker program or of this educational equivalent. There is no information related to this diploma, indicating if the program was a minimum of 600 hours in duration, counting both class time and practical experience time;(ii) with a set of skills that, in the reasonable opinion of the licensee, would be equivalent to those that the licensee would expect of a person who has completed a personal support worker program.

The DOC said that they had not verified PSW #118's diploma program requirements or equivalency prior to hiring the employee as a PSW.

Additional Required Actions:

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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 every person hired by the licensee as a personal support worker has provided proof of successfully completing a personal support worker program that meets the requirements in subsection (2); or despite subsection (1), if the licensee hires a personal support worker they are:

(a) a registered nurse or registered practical nurse,

(i) who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and

(ii) who has the appropriate current certificate of registration with the College of Nurses of Ontario, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 97. Notification re incidents

Specifically failed to comply with the following:

s. 97. (2) The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation. O. Reg. 79/10, s. 97 (2).

Findings/Faits saillants :

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The licensee shall ensure that the resident and the resident's substitute decision-maker, if any, are notified of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation.

A critical incident report (CIS # 2642-000018-19) related to an alleged incident of staff to resident abuse and neglect was received by the Director on a specified day in 2019. The CIS report indicated that staff member PSW #113 was allegedly verbally, physically abusive and neglectful in the provision of care to residents #001, #002 and #003.

January 23, 2020, the ADOC #101 reviewed the licensee's internal investigation of the alleged incident of abuse and neglect with inspectors #756 and #117. Documentation showed that the substitute decision makers (SDMs) for residents #001, #002 and #003 were notified of the alleged incident and that the home would be initiating an internal investigation. As per the ADOC #101, the internal investigation was completed on a specified date in 2020. No documentation was found regarding the notification of the SDMs once the licensee's internal investigation was completed. The ADOC said that they had not notified the SDMs either verbally or in writing of the results of the investigation, immediately upon the completion of the investigation.

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 the licensee notifies the resident and the resident's substitute decision-maker, if any, of the results of the investigation required under subsection 23 (1) of the Act, immediately upon the completion of the investigation, to be implemented voluntarily.

**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**

Issued on this 23rd day of June, 2020 (A2)

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

Original report signed by the inspector.

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

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

Amended Public Copy/Copie modifiée du rapport public

**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :** Amended by LYNE DUCHESNE (117) - (A2)

**Inspection No. /
No de l'inspection :** 2020_548756_0003 (A2)

**Appeal/Dir# /
Appel/Dir#:**

**Log No. /
No de registre :** 020600-19, 024278-19 (A2)

**Type of Inspection /
Genre d'inspection :** Critical Incident System

**Report Date(s) /
Date(s) du Rapport :** Jun 23, 2020(A2)

**Licensee /
Titulaire de permis :** CVH (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

**LTC Home /
Foyer de SLD :** The Palace
92 Centre Street, ALEXANDRIA, ON, K0C-1A0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :** Diane Dupuis

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

To CVH (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.), you are hereby required to comply with the following order(s) by the date(s) set out below:

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre: 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

Order / Ordre :

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

The licensee must be compliant with LTCHA 2007, s. 76 (2).

Specifically, the licensee shall ensure:

A) That the following staff members PSW # 114, #117, #118 and RN #116, who are currently employed in the home receive orientation and training on the legislated requirements under s. 76 (2).

B) That all new employees of the home receive orientation and training on the legislated requirements under s. 76 (2) prior to performing their responsibilities within the home.

C) A written record must kept of everything required under (A) and (B).

Grounds / Motifs :

1. The licensee has failed to ensure that all staff have received training in the above listed areas before performing their responsibilities.

The licensee hired six new employees during a 3 months period in 2019.

Staff member #118 was hired on a specified day in 2019, a month prior to staff member #115 and started working as a PSW on a resident care unit thirteen (13) days later.

Staff members #115 was hired on a specified day in 2019 and started working as a PSW on a resident care unit the next day, the same day that staff member #114 was hired.

Staff member #114 was hired on a specified day in 2019, one day after #115 was hired and started working as a PSW on a resident care unit the next day, one day after staff member #115 had started working on a resident care unit.

Staff member #117 was hired on a specified day in 2019, the same day as staff member #119 was hired, and started working as a PSW on a resident care unit twelve (12) days later.

Staff member #119 was hired on a specified day in 2019, the same day as staff member #117 was hired, and started working as a PSW on a resident care unit twenty (20) days later.

Staff member #116 was hired on a specified day in 2019, eight (8) days after staff member #119 started to work on resident care units and started working as an RN on a resident care unit the same day.

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

A review of the orientation and staff education program indicated that none of the newly hired employees received training on the following prior to performing their responsibilities:

- 1) The Residents' Bill of Rights.
- 2) The long-term care home's mission statement.
- 3) The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
- 4) The duty under section 24 to make mandatory reports.
- 5) The protections afforded by section 26.
- 6) The long-term care home's policy to minimize the restraining of residents.
- 7) Fire prevention and safety.
- 8) Emergency and evacuation procedures.
- 9) Infection prevention and control.
- 10) All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
- 11) Any other areas provided for in the regulations.

The ADOC said that orientation and training on the above requirements was not done as they wanted to coordinate a group orientation versus individual orientation for newly hired staff. A group orientation had been planned for January 6, 2020, but this was postponed due to an outbreak event declared on January 1, 2020 and has not been rescheduled. The ADOC said that all the newly hired staff members did receive several days of hands-on training via a "buddy-system" with peer staff members. The DOC and Administrator said that they were aware that the newly hired staff members #114, #115, #116, #117, #118 and #119 had not received orientation and training on the above requirements prior to performing their responsibilities on resident home areas and that the only orientation and training they have received to date is from their peer staff members.

The severity of this issue was determined to be a level 2 as there was minimal harm or minimal risk.

The scope was a level 3 as this was a widespread incident.

The home had a level 3 Compliance History, non-compliance issued under the same

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

subsection.

- LTCHA 2007, s. 76 (7) issued as a VPC on October 4, 2017 under inspection # 2017_548592_0020 (117)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 31, 2020(A2)

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /

No d'ordre: 002

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 218. For the purposes of paragraph 11 of subsection 76 (2) of the Act, the following are additional areas in which training shall be provided:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints.
2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities.
3. Cleaning and sanitizing of equipment relevant to the staff member's responsibilities. O. Reg. 79/10, s. 218.

Order / Ordre :

The licensee must be compliant with O.Reg. 79/10, s. 218

Specifically, the licensee shall ensure:

- A) That the following staff members PSW # 114, #117, #118 and RN #116, who are currently employed in the home receive orientation and training on the legislated requirements under s. 218.
- B) That all new employees of the home, who are providing direct resident care and services, receive orientation and training on the legislated requirements under s. 218 specifically:
 - 1) the licensee's written procedures for handling complaints and the role of staff in dealing with complaints
 - 2) Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities, prior to performing their responsibilities within the home.
- C) A written record must kept of everything required under (A) and (B).

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that all staff have received training in the following additional areas before performing their responsibilities:

1. The licensee's written procedures for handling complaints and the role of staff in dealing with complaints

2. Safe and correct use of equipment, including therapeutic equipment, mechanical lifts, assistive aids and positioning aids, that is relevant to the staff member's responsibilities [Log #024278-19]

The licensee hired five (5) new PSWs and one new RN during a three (3) month period in 2019.

PSW staff members #114, #115, #117, #118 and #119 received several days of hands-on training via a "buddy-system" with peer PSW staff members. RN staff #116 also received several days of hands-on training via a "buddy-system" with peer RN staff members.

Discussions were held with PSWs #121, #122 and #125 who are some of the peer staff members who provided "buddy" training with the newly hired PSWs, as well as RN #106 and #123 who provided peer training to RN #116. All five (5) indicated that they did not review with the newly hired PSWs and RN the licensee's written procedures for handling complaints and they only review the role of staff in dealing with complaints if there is an issue that is brought forward. They also said that they only review the use of mechanical lifts used for the residents for which they are providing care.

The ADOC said that the general orientation includes information related to the licensee's complaint procedures as well as the safe and correct use of equipment. However, staff members #114, #115, #116, #117, #118 and #119 did not receive this orientation and this information was not provided to them prior to performing their responsibilities on resident home areas.

The severity of this issue was determined to be a level 2 as there was minimal harm

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

or minimal risk.

The scope was a level 3 as this was a widespread incident.

The home had a level 2 Compliance History, non-compliance issued under a
different subsection.

- LTCHA 2007, s. 76 (7) issued as a VPC on October 4, 2017 under inspection #
2017_548592_0020 (117)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le :

Oct 31, 2020(A2)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

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

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

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Health Services Appeal and Review Board and the Director

Attention Registrar
Health Services Appeal and Review Board
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
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

La demande au directeur doit être présentée par écrit et signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au/à la titulaire de permis.

La demande écrite doit comporter ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le/la titulaire de permis souhaite que le directeur examine;
- c) l'adresse du/de la titulaire de permis aux fins de signification.

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur
a/s du coordonnateur/de la coordonnatrice en matière d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11^e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto ON M5S 1S4

Directeur
a/s du coordonnateur/de la coordonnatrice en matière
d'appels
Direction de l'inspection des foyers de soins de longue durée
Ministère des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web www.hsarb.on.ca.

Issued on this 23rd day of June, 2020 (A2)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :**

Amended by LYNE DUCHESNE (117) - (A2)

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term
Care Homes Act, 2007*, S.O.
2007, c. 8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de
l'article 154 de la *Loi de 2007 sur les
foyers de soins de longue durée*, L.O.
2007, chap. 8

**Service Area Office /
Bureau régional de services :**

Ottawa Service Area Office