

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

Central East District
33 King Street West, 4th Floor
Oshawa, ON, L1H 1A1
Telephone: (844) 231-5702

Original Public Report	
Report Issue Date: September 26, 2023	
Inspection Number: 2023-1138-0002	
Inspection Type: Complaint Critical Incident Follow up	
Licensee: CVH (No. 6) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)	
Long Term Care Home and City: Port Perry Place, Port Perry	
Lead Inspector Rodolfo Ramon (704757)	Inspector Digital Signature
Additional Inspector(s) Tiffany Forde (741746)	

INSPECTION SUMMARY
<p>The inspection occurred onsite on the following date(s): August 28, 29, 30, 31, and September 1, 6, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One intake related to a complaint regarding to staff to resident abuse • One intake related to staff to resident abuse • Intake: #00093284 – First follow-up – Compliance Order (CO) #001 / 2023_1138_0001, FLTCA, 2021, s. 6 (7), Compliance Due Date (CDD) May 10, 2023 • Intake: #00093283 – First follow-up - CO #002 / 2023_1138_0001, O. Reg. 79/10, s. 49 (2), CDD May 10, 2023 • One intake related to improper care resulting in harm

Previously Issued Compliance Order(s)

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The following previously issued Compliance Order(s) were found **NOT** to be in compliance:

Order #001 from Inspection #2023-1138-0001 related to FLTCA, 2021, s. 6 (7) inspected by Rodolfo Ramon (704757)

Order #002 from Inspection #2023-1138-0001 related to O. Reg. 79/10, s. 49 (2) inspected by Rodolfo Ramon (704757)

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

Resident Care and Support Services
Prevention of Abuse and Neglect
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: LICENSEE MUST COMPLY

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

The licensee has failed to comply with Compliance Order (CO) #001 from Inspection #2023_1138_0001 served on March 31, 2023, with a compliance due date of May 10, 2023.

Specifically, the required auditing process for care planned falls interventions was not implemented.

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Director related to a resident who had a fall with injury. The home was subsequently issued a Compliance Order with a compliance due date of May 10, 2023.

The compliance order required the home to:

a) Ensure the falls lead completes unannounced biweekly audits on evening and night shifts of two random residents that reside on a Resident Home Area (RHA) for four weeks that showed if fall interventions, such as bed alarms, falls mats and hip protectors for the particular residents were in place, based on their plan of care. Document the audit date, who conducted the audit, names of the staff and residents being audited, audit results and what actions were taken by the auditor.

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A review of the home's records indicated that the home completed environmental audits that did not capture interventions such as falls mats and hip protectors. Additionally, the audits were not completed by the falls lead on a biweekly basis. The Director of Care (DOC) acknowledged that the audits did not capture the falls interventions required in the residents' care plans, and that the audits were not all completed by the falls lead on a biweekly basis.

There was potential risk to the residents as not implementing the audit prevented the home from identifying falls care plan interventions not in place.

Sources: CO #001 from Inspection #2023_1138_0001, the home's environmental falls risk assessment audits; Interview with the DOC.

[704757]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #001

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #001

Related to Written Notification NC #001

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

This is the first AMP that has been issued to the licensee for failing to comply with this requirement.

Invoice with payment information will be provided under a separate mailing after service of this notice.

Licensees must not pay an AMP from a resident-care funding envelope provided by the Ministry [i.e., Nursing and Personal Care (NPC); Program and Support Services (PSS); and Raw Food (RF)]. By submitting a payment to the Minister of Finance, the licensee is attesting to using funds outside a resident-care funding envelope to pay the AMP.

WRITTEN NOTIFICATION: LICENSEE MUST COMPLY

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

Non-compliance with: FLTCA, 2021, s. 104 (4)

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The licensee has failed to comply with Compliance Order (CO) #002 from Inspection #2023_1138_0001 served on March 31, 2023, with a compliance due date of May 10, 2023.

Specifically, the required auditing process for the post falls assessment tool was not documented.

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Director related to a resident who had a fall with injury. The home was subsequently issued a Compliance Order with a compliance due date of May 10, 2023.

The compliance order required the home to:

a) Have the falls lead monitor the home's falls for a period of four weeks. If RPN #108 is involved with any resident that falls, they were to audit the post falls assessment tool for completeness and appropriate information as it relates to the fall that RPN #108 was documenting for. Document the audit date, who conducted the audit, names of the staff being audited, audit results and if any issues, what was done about the issues found. Make this information available to inspectors upon request.

A review of the home's records indicated the audit date, who conducted the audit, names of the staff being audited, audit results and if any issues, what was done about the issues found, were not documented. The falls lead confirmed there was no record of documentation related to the audits of the post fall assessment tool.

There was potential risk to the residents as not documenting the audit prevented the home from identifying and addressing gaps in the post fall assessments.

Sources: CO #002 from Inspection #2023_1138_0001, the home's records, and Interview with the falls lead. [704757]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #002

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #002

Related to Written Notification NC #002

Pursuant to section 158 of the Fixing Long-Term Care Act, 2021, the licensee is required to pay an administrative penalty of \$1100.00, to be paid within 30 days from the date of the invoice.

In accordance with s. 349 (6) and (7) of O. Reg. 246/22, this administrative penalty is being issued for the licensee's failure to comply with an order under s. 155 of the Act.

Compliance History:

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WRITTEN NOTIFICATION: PLAN OF CARE**NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: FLTCA, 2021, s. 6 (10) (b)

The licensee has failed to ensure that a resident's care plan was revised when an intervention was no longer necessary.

Rationale and Summary

A CIR was submitted regarding incompetent care when a resident suffered an injury that resulted in significant change.

A review of the resident's care plan indicated a specific type of transfer device was required to be used. During the inspector's observations a different transfer device was found in the resident's room. According to home policy Mechanical Lifts Roles & Responsibilities, registered staff were to update the resident's care plan to ensure the required transfer device was current.

PSW #104 (The Safe Lift Transfers lead) acknowledged they completed an audit and confirmed the care plan was not updated.

There was risk to the well-being of the resident when the care plan was not updated to clearly indicate the transferring device used for transfers.

Sources: The resident's care plan, policy #LP-01-01-04 Mechanical Lifts Roles & Responsibilities last reviewed July 2022, and Interviews with PSW#104.

[741746]

WRITTEN NOTIFICATION: RESPONSIVE BEHAVIOURS**NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 58 (4) (b)

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The licensee failed to ensure that when a resident displayed responsive behaviours, interventions were implemented to respond to their behaviours.

Rationale and Summary

A CIR was submitted related to an allegation of abuse of a resident. On a specified date, a resident alleged physical abuse from a staff.

The licensee's investigation notes indicated Housekeeper #109 redirected a resident from a co-resident's room. During this exchange, the resident displayed responsive behaviours.

The resident's plan of care included interventions required to be used when the resident displayed responsive behaviours. RPN #107 verified that the interventions in the plan of care were not utilized by housekeeper #109.

Failure to implement the interventions specified in the plan of care caused emotional distress to the resident.

Sources: The resident's plan of care, the home's investigation notes, interview with RPN #109. [704757]

WRITTEN NOTIFICATION: TRANSFERRING AND POSITIONING TECHNIQUES

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

Non-compliance with: O. Reg. 246/22, s. 40

The licensee has failed to ensure that a resident was transferred using a safe transferring technique.

Rationale and summary

A CIR was submitted related to incompetent care of a resident. According to the CIR, an injury was found on the resident. The resident was transferred to an external medical facility for medical treatment.

According to the resident's plan of care, a specific transferring technique was required to be used. PSW #100 acknowledged that the resident was not transferred using the required transferring technique. The LTCH's investigation included a written statement by PSW #100 which confirmed that the resident's transfer was not done with the required transferring technique.

Failing to transfer the resident safely placed the resident at risk of injury.

Sources: CIR #2629-000022-23, the home's investigation notes, and interview with PSW #100 [741746]

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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

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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.