

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: February 9, 2024	
Inspection Number: 2024-1138-0001	
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)	

INSPECTION SUMMARY

<p>The inspection occurred onsite on the following date(s): January 22-26, 31, 2024</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • One Intake was a complaint related to continence care and staffing. • One intake was related to a disease outbreak • One Intake was related to alleged neglect • Intake: #00107057 – Second follow up – Compliance Order (CO) #002 /2023-1138-0001, O. Reg. 79/10, s. 49 (2), Compliance Due Date (CDD) April 27, 2023, Re-inspection Fee (RIF) \$500 • Intake: #00107054 – Second follow up CO #001/2023-1138-0001, FLTCA, 2021, s. 6 (7) CDD May 4, 2023, RIF \$500.

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Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

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

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

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

- Contenance Care
- Infection Prevention and Control
- Prevention of Abuse and Neglect
- Falls Prevention and Management

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INSPECTION RESULTS

WRITTEN NOTIFICATION: DEALING WITH COMPLAINTS

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

Non-compliance with: O. Reg. 246/22, s. 108 (1) 3. i.

Dealing with complaints

s. 108 (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. The response provided to a person who made a complaint shall include,
 - i. the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

The licensee failed to ensure that for a verbal complaint that was made concerning the care of a resident, the response provided to the complainant included the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information for the patient ombudsman under the Excellent Care for All Act, 2010,

Rationale and Summary

A Critical Incident Report (CIR) was submitted to the Ministry of Long Term Care (MLTC) related to alleged neglect of a resident. According to the CIR, a verbal complaint was made to the home.

The home's records indicated that the home arranged a meeting with the Substitute Decision Maker (SDM) and the complainant. During this meeting a response was provided regarding the outcome of the investigation into the allegation of abuse. The Director of Care (DOC) informed the inspector that the written record of the

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response was documented on the progress notes of the resident. The progress notes indicated the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information was not provided.

Failure to provide the Ministry's toll-free telephone number for making complaints about homes and its hours of service and contact information prevented the complainant from having the opportunity to voice their concerns with the MLTC.

Sources: The resident's progress notes, interview with the DOC.

[704757]

WRITTEN NOTIFICATION: HOUSEKEEPING

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

Non-compliance with: O. Reg. 246/22, s. 93 (2) (b) (iii)

Housekeeping

s. 93 (2) As part of the organized program of housekeeping under clause 19 (1) (a) of the Act, the licensee shall ensure that procedures are developed and implemented for,

(b) cleaning and disinfection of the following in accordance with manufacturer's specifications and using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices:

(iii) contact surfaces;

The licensee has failed to ensure that procedures were implemented for cleaning and disinfection of contact surfaces using, at a minimum, a low level disinfectant in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.

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Rationale and Summary

Infection Prevention and Control (IPAC) practices were observed in the home. During the observations, housekeeper #101 was observed dipping a towel into a disinfecting solution and wiping the high touch surfaces of multiple resident rooms. On a separate occasion, housekeeper #102 was also observed dipping a towel into a disinfecting solution and wiping the high touch surfaces of multiple resident rooms. The inspector observed that housekeeper #101 and #102 did not replace the towel between resident rooms. Housekeeper #101 acknowledged that the same towel was used to disinfect all the high touch surfaces in all the resident rooms in the home area.

The home's policy titled "Environmental and high-touch surface cleaning and disinfection" stated that a used cloth should not be dipped in a disinfecting solution as it would contaminate the solution. The IPAC lead stated that the housekeepers were required to change the cloth between resident rooms when disinfecting contact surfaces.

Failure to ensure that cleaning and disinfection of contact surfaces using, at a minimum, a low level disinfectant in accordance with evidence-based practices placed residents at increased risk for health care associated infections.

Sources: IPAC observations, Policy 10.5 Environmental and high-touch surface cleaning and disinfection last reviewed May 2023, interviews with housekeeper #101 and the IPAC lead.

[704757]

WRITTEN NOTIFICATION: ADMINISTRATION OF DRUGS

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

Non-compliance with: O. Reg. 246/22, s. 140 (1)

Administration of drugs

s. 140 (1) Every licensee of a long-term care home shall ensure that no drug is used

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by or administered to a resident in the home unless the drug has been prescribed for the resident. O. Reg. 246/22, s. 140 (1).

The licensee has failed to ensure that no drug was administered to a resident in the home unless the drug has been prescribed for the resident.

Rationale and Summary

A CIR was submitted to the MLTC related to alleged neglect of a resident.

The resident's progress notes indicated that they received a medication. The resident's records showed that the Nurse Practitioner (NP) submitted a referral for the medication but no prescription order was found.

The home's policy stated the specific medication required to be administered as prescribed by a physician or a nurse practitioner.

The Medical Director and the DOC confirmed that the NP did not follow the home's procedures when the resident was administered the medication without a prescription order.

Administering the medication without a prescription placed the resident at risk of adverse effects.

Sources: The resident's clinical records, the home's policy, and interviews with the Medical Director and DOC.

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NOTICE OF RE-INSPECTION FEE

Pursuant to section 348 of O. Reg. 246/22 of the Fixing Long-Term Care Act, 2021, the licensee is subject to a re-inspection fee of \$500.00 to be paid within 30 days from the date of the invoice.

A re-inspection fee applies since this is, at minimum, the second follow-up inspection to determine compliance with the following Compliance Order(s) under s. 155 of the FLTCA, 2021, and/or s. 153 of the LTCHA, 2007.

Re-inspected due to non compliance with follow up #1

Licensees must not pay a Re-Inspection Fee 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 Re-Inspection Fee.