

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

Public Report

Report Issue Date: May 2, 2025

Inspection Number: 2025-1138-0002

Inspection Type:

Standardized PCI

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

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): April 24-25, 28-30, 2025 and May 1-2 2025

The following intake(s) were inspected:

- One intake was related to a Proactive Compliance inspection.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management
Residents' and Family Councils
Safe and Secure Home
Infection Prevention and Control
Prevention of Abuse and Neglect
Staffing, Training and Care Standards
Quality Improvement

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Pain Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

NC #001 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 failed to ensure that any standard or protocol issued by the Director with respect to Infection Prevention and Control (IPAC) was implemented. Specifically the staff failed to comply with the four moments of hand hygiene.

According to the Infection Prevention and Control IPAC Standard for Long-Term Care Homes section 9.1 b), the homes are required to ensure hand hygiene was completed at the four moments of hand hygiene.

During observations of the home, multiple staff were observed entering the building and applying a surgical mask without doing hand hygiene. The home's Hand Hygiene policy stated that staff were required to perform hand hygiene before donning of PPE.

Sources: Observations, Hand hygiene policy titled Hand hygiene number 3.1 last

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reviewed November 25, 2024.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL

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

Non-compliance with: O. Reg. 246/22, s. 102 (7) 11.

Infection prevention and control program

s. 102 (7) The licensee shall ensure that the infection prevention and control lead designated under subsection (5) carries out the following responsibilities in the home:

11. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care. O. Reg. 246/22, s. 102 (7).

The licensee failed to ensure that there was access to hand hygiene agents at point-of-care.

During observations of the home, multiple rooms did not have hand hygiene agents at the bedside. The home's hand hygiene policy stated that hand hygiene supplies were required to be readily available at point-of-care. The IPAC lead confirmed that hand hygiene agents should have been available at the bedside.

Sources: Observations, Hand Hygiene Policy number 3.1 last reviewed November 25, 2024, interview with the IPAC lead.

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**Inspection Report Under the
Fixing Long-Term Care Act, 2021**

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