

Original Public Report

Report Issue Date June 3, 2022
Inspection Number 2022_1079_0001
Inspection Type
 Critical Incident System Complaint Follow-Up Director Order Follow-up
 Proactive Inspection SAO Initiated Post-occupancy
 Other _____

Licensee
CVH (No. 1) 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.)

Long-Term Care Home and City
Craiglee Nursing Home, Scarborough

Lead Inspector
Wing-Yee Sun (708239)

Inspector Digital Signature

Additional Inspector(s)
Inspector #643 (Adam Dickey) was also present as an assessing mentor during this inspection.

INSPECTION SUMMARY

The inspection occurred on the following date(s): May 24, 25 and 27, 2022.

The following intake(s) were inspected:

- Intake #011614-21, Critical Incident System (CIS) #2503-000006-21 related to plan of care.

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

- Falls Prevention and Management
- Housekeeping, Laundry and Maintenance Services
- Infection Prevention and Control (IPAC)
- Safe and Secure Home

INSPECTION RESULTS

NON-COMPLIANCE REMEDIED

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154(2) and requires no further action.

NC#001 remedied pursuant to FLTCA, 2021, s. 154(2)

O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that additional precautions and standards under the IPAC program were followed by staff.

A Dietary Aide was observed in the hallway not wearing eye protection as required by the home.

The home's policy titled "Use of Personal Protective Equipment" directed staff to always wear a medical mask and eye protection.

When the Dietary Aide was approached, they immediately put on their eye protection. They acknowledged that they should always wear eye protection while in the home.

Sources: Observation in home area, and interview with a Dietary Aide.

Date Remedy Implemented: May 24, 2022 [708239]

WRITTEN NOTIFICATION INFECTION PREVENTION AND CONTROL PROGRAM

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

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

The licensee has failed to ensure that residents were assisted with hand hygiene prior to meal service.

Rationale and Summary

Four residents were observed entering the dining room at lunch. Staff did not assist residents with performing hand hygiene. These residents were observed eating and drinking independently.

The home's policy titled "Hand Hygiene for Residents" directed staff to encourage or assist residents with hand hygiene before eating.

Two residents acknowledged they were not assisted with hand hygiene prior to the meal. A Registered Practical Nurse (RPN) acknowledged that staff should assist residents with hand hygiene prior to eating.

Failure to assist residents with hand hygiene increased the risk of transmission of infection.

Sources: Observation of lunch service, the home’s policy titled “Hand Hygiene for Residents” No. 14.1 last revision date of May 12, 2021, interviews with residents, a RPN and other staff.

[708239]

WRITTEN NOTIFICATION PLAN OF CARE

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

Non-compliance with: FLTCA, 2021, s. 6 (7)

The licensee has failed to ensure that the care set out in the resident’s plan of care for wearing appropriate footwear at all times was provided to the resident as specified in the plan.

Rationale and Summary

The resident had a previous fall while not wearing appropriate footwear and was at risk for falls. Staff were to ensure that the resident wore appropriate footwear at all times, as a fall prevention intervention.

The resident was observed wearing a particular footwear. A Registered Nurse (RN) and Physiotherapist (PT) identified that the footwear was not appropriate for the resident. Personal Support Workers (PSWs) were to ensure non-slip footwear are worn by the resident. A PT reported that the resident required encouragement and reminders to wear non-slip footwear.

Failure to ensure the resident was wearing non-slip footwear increased the resident’s risk of falling.

Sources: CIS report #2503-000006-21, the resident’s plan of care and progress notes, observation of the resident, and interviews with a RN, PT and other staff

[708239]

WRITTEN NOTIFICATION ACCOMMODATION SERVICES

NC#004 Written Notification pursuant to FLTCA, 2021, s. 154(1)1

Non-compliance with: FLTCA, 2021, s. 19 (2) (c)

The licensee has failed to ensure the handrails in the second-floor home area were maintained in a safe condition and in a good state of repair.

Rationale and Summary

During a tour of the home, it was observed that multiple handrails outside doorways on the unit were not maintained in a safe condition and not in a good state of repair. The issues with the nine identified handrails included missing end caps, tape covering broken handrails, old and peeling tape, and an exposed sharp edge on a broken handrail.

A RPN was aware of one of the broken handrails and had not informed the Maintenance department of the issue. A Maintenance staff was not aware of the broken handrails and expressed they would require a permanent solution and not be taped over. A second Maintenance staff reported that some of the taped handrails were in disrepair for up to two years. An Acting Environmental Services Manager (ESM) reported they were new to their position but aware of the broken handrails covered with tape and had not brought it to the Executive Director (ED)'s attention. The ED reported they were aware of the broken handrails but was not aware of the use of tape to cover them.

Sources: Observations of handrails on May 24 and May 27, 2022, interviews with a RPN and other staff.

[708239]