

**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 25, 2021	2021_796754_0027	012181-21	Complaint

Licensee/Titulaire de permis

CVH (No. 2) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes Cambridge ON N3H 5L8

Long-Term Care Home/Foyer de soins de longue durée

Parkview Manor Health Care Centre
98 - 3rd Street South East P.O. Box 298 Chesley ON N0G 1L0

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

TAWNIE URBANSKI (754)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): October 18-20, 2021.

**The following intake was completed during this complaint inspection:
Log #012181-21, related to accessibility concerns, general home maintenance, and
personal support services for residents.**

**During the course of the inspection, the inspector(s) spoke with the Administrator,
Director of Care (DOC), Infection Prevention and Control (IPAC) Specialist,
Housekeeper, Public Health Nurse, the Screener, a Personal Support Worker
(PSW), and residents.**

**The inspector also toured resident home areas, observed dining, resident to staff
interaction, and reviewed relevant resident clinical records, IPAC practices and the
home's relevant policies.**

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Infection Prevention and Control
Personal Support Services
Reporting and Complaints**

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

2 WN(s)

1 VPC(s)

0 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 O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that staff fully participated in the implementation of the infection prevention and control program; specifically related to staff not using personal protective equipment (PPE) appropriately.

The COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, Public Health Ontario, revised September 2021, states that at minimum the screener must wear a mask, eye protection, if they are not behind a barrier.

In October, 2021, Inspector #754 was screened at the front entrance of the home by a staff that was not wearing eye protection or standing behind a barrier.

The Infection Prevention and Control (IPAC) Specialist of the home said that current practice at the home required that all staff who screened any individual coming into the home was to wear a mask and gown based on their personal risk assessment.

Public Health Nurse #104 said that current practice required all screeners to wear a mask and eye protection at minimum if they were not behind a barrier. They would also wear a gown and gloves based on their own personal risk assessment.

Failing to ensure that all staff participated in the home's infection prevention and control program in relation to PPE usage may have increased the risk of spread of infectious diseases throughout the home.

Sources: Observations of the home's screening process, COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, Public Health Ontario, revised September 2021, interviews with the IPAC Specialist, Public and Public Health Nurse #104. [s. 229. (4)]

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 all staff fully participate in the implementation of the Infection Prevention and Control Program, to be implemented voluntarily.

**WN #2: 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 :

1. The licensee failed to ensure that the provision of care set out in the plan of care for resident #001 was documented.

Review of resident #001's flow sheets related to bathing were reviewed for a two week period. No documentation was present related to bathing over a seven day period, the bathing section related to what type of bath or shower were provided was blank.

Personal Support Worker (PSW) #105 said that resident #001 likely received their bathing as per their plan of care, however, the documentation was missed.

The Director of Care (DOC) said that they believed the documentation for bathing was missed and had not heard that anyone missed their bathing.

By not ensuring that the provision of care was documented for resident #001, the home could not produce a record of when and how resident #001 was bathed.

Sources: Resident #001 plan of care and flow sheets, interviews with resident #001, PSW #105, and the DOC. [s. 6. (9) 1.]

Issued on this 25th day of October, 2021

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

Original report signed by the inspector.