

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

Sudbury Service Area Office
159 Cedar St, Suite 403
Sudbury, ON, P3E 6A5
Telephone: (800) 663-6965
northdistrict.mltc@ontario.ca

Original Public Report

Report Issue Date: December 19, 2022	
Inspection Number: 2022-1351-0004	
Inspection Type: Complaint Follow up Critical Incident System	
Licensee: CVH (No. 9) 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: Southbridge Roseview, Thunder Bay	
Lead Inspector Lauren Tenhunen (196)	Inspector Digital Signature
Additional Inspector(s) Amanda Belanger (736) Jessamyn Spidel (00697) attended the inspection during orientation	

INSPECTION SUMMARY

<p>The inspection occurred on the following dates:</p> <ul style="list-style-type: none"> · October 24 - 28, 2022. <p>The following intakes were inspected:</p> <ul style="list-style-type: none"> · One intake related to Compliance Order (CO) #001, issued in report #2022-1351-0001, related to section (s.) 272 of the Ontario Regulations (O. Reg.) 246/22, regarding Directive #3 and #5, implementing a COVID-19 Plan and Personal Protective equipment (PPE) use, with a compliance due date (CDD) of September 22, 2022; · One intake related to CO #002, issued in report #2022-1351-0001, related to O. Reg. 246/22, s. 55 (2) (b), regarding the lack of weekly wound care assessments, with a CDD of September 22, 2022; · One intake related to CO #003, issued in report #2022-1351-0001, related to O. Reg. 246/22, s. 102 (2) (b), whereby the home did not follow the Infection Prevention and Control

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(IPAC Standard) and their own Hand Hygiene (HH) program, with a CDD of September 22, 2022;

- One intake related to CO #004, issued in report #2022-1351-0001, related to Fixing Long Term Care Act (FLTCA) 2021, s. 6 (7), whereby one to one (1:1) monitoring was not provided to residents, with a CDD of September 22, 2022;
- Three Intakes related to falls with a significant change in condition;
- One intake related to bathing and staffing;
- Two intakes related to staffing; and
- One intake related to resident care concerns.

Previously Issued Compliance Orders

The following previously issued Compliance Orders were found **NOT** to be in compliance:

Order #001 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 272 inspected by Amanda Belanger (736)

Order #002 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 55 (2) (b) inspected by Amanda Belanger (736)

Order #003 from Inspection #2022-1351-0001 related to O.Reg. 246/22, s. 102 (2) (b) inspected by Amanda Belanger (736)

Order #004 from Inspection #2022-1351-0001 related to FLTCA, 2021, s. 6 (7) inspected by Lauren Tenhunen (196)

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

- Falls Prevention and Management
- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Resident Care and Support Services

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Condition of License

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 #2022_1351_0001, served on June 29, 2022, with a compliance due date (CDD) of September 22, 2022.

Summary and Rationale

The order required the home to review, reassess, and revise their outbreak preparedness plan and staffing plan.

The Administrator indicated that none of the requirements had been met for the order to be complied.

Sources: Home's compliance binder; internal documents provided by the home; education records; and interviews with the Administrator, and other staff. [736]

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:

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June 29, 2022 - CO #001 from inspection report #2022_1351_0001, specific to O. Reg. 246/22 s. 272, was issued.

This is the first time the licensee has failed 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: Plan of Care

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

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

Summary and Rationale

1) The licensee has failed to ensure that care was provided to a resident as specified in the plan of care.

The Critical Incident System (CIS) report identified the resident as a high risk for falls, and the resident's fall prevention device had not worked and was replaced.

The DOC confirmed the resident did not have a fall prevention device in place at the time of the fall with injury and it should have been.

Sources: Review of CIS report, a resident's care plan in effect at the time of fall with injury, post-fall assessment and progress notes; interviews with two Personal Support Workers (PSWs), and the DOC. [196]

Summary and Rationale

2) The licensee failed to ensure that care was provided to a resident as specified in their plan of care, specifically related to monitoring.

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The current care plan for a resident identified a specific type of monitoring.

The homes' schedule indicated there were three dates with specific hours in which there was no staff coverage to provide this specific type of monitoring.

The Staff Scheduler reported that the staff scheduled to provide the specific type of monitoring for a resident for the identified shifts had to be pulled to work elsewhere in the home.

Sources: Staff schedule for dates in 2022; a resident's current care plan, Physician's order, progress notes; Interviews with the Substitute Decision Maker (SDM), Behavioural Services Lead, Staff Scheduler, and the DOC. [196]

WRITTEN NOTIFICATION: Condition of Licence

NC #003 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 CO #002 from Inspection #2022_1351_0001, served on June 29, 2022, with a CDD of September 22, 2022.

Summary and Rationale

On June 29, 2022, Compliance Order (CO) #002 was issued to the home in inspection report #2022_1351_0001, with a compliance due date (CDD) of September 22, 2022. The CO directed the home to complete a documented retraining of all registered staff on the home's skin and wound assessments and processes; as well as, conduct a documented review of all residents who had active wounds to ensure that the weekly wound assessments were being completed.

A review of the educational records showed that not all of the home's registered staff received the required training. In an interview with an RPN, they confirmed that they had not received any skin and wound training recently.

The Administrator and DOC indicated that while the home had reviewed which residents had active wounds, the home had not, at the time of inspection, undertaken a documented review

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to ensure that the residents had weekly wound assessments completed.

Sources: Home's compliance binder; internal documents provided by the home; education records; and interviews with the Administrator, and other staff. [736]

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 #003

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:

June 29, 2022 - CO #002 from inspection report #2022_1351_0001, specific to O. Reg. 246/22 s. 55. (2) (b) was issued.

This is the first time the licensee has failed 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: Condition of Licence

NC #004 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 CO #003 from Inspection #2022_1351_0001, served on June 29, 2022, with a CDD of September 22, 2022.

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Summary and Rationale

On June 29, 2022, CO #003 was issued to the home in inspection report #2022_1351_0001, with a CDD of September 22, 2022. The CO directed the home to complete a documented retraining of all direct care staff related to the home's Hand Hygiene Guide and importance of the hand hygiene for residents prior to eating their meals; as well as, conduct a documented review to ensure that staff aid or encourage all residents to clean their hands prior to eating their meals, at a minimum weekly, for three months, or longer, until no concerns with adherence were identified.

Educational records indicated that not all direct care staff received the required training.

The Administrator indicated that the home had not undergone a documented review to ensure that staff aided or encouraged all residents to clean their hands prior to meals.

Sources: Home's compliance binder; internal documents provided by the home; education records; and interviews with the Administrator, and other staff. [736]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #003

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #003

Related to Written Notification NC #004

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:

June 29, 2022 - CO #003 from inspection report #2022_1451_0001, O. Reg. 246/22 s. 102. (2) (b) was issued.

This is the first time the licensee has failed to comply with this requirement.

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WRITTEN NOTIFICATION: Condition of Licence

NC #005 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 CO #004 from Inspection #2022_1351_0001, served on June 29, 2022, with a CDD of September 22, 2022.

On June 29, 2022, CO #004 was issued to the home in inspection report #2022_1351_0001, with a CDD of September 22, 2022. The CO directed the home to conduct a documented review to ensure staff are present and providing supervision at all specified times, for every resident who requires one-to-one monitoring, at a minimum weekly for three months or longer, until no concerns with adherence are identified and/or have not been remedied.

The home's compliance plan that was developed did not include evidence of the required documented review.

The DOC indicated they had not completed a documented review as specified in the CO.

Sources: Home's compliance binder, Home's Compliance Plan document; and interviews with the DOC and Administrator.

[196]

An Administrative Monetary Penalty (AMP) is being issued on this written notification AMP #004

NOTICE OF ADMINISTRATIVE MONETARY PENALTY (AMP)

The Licensee has failed to comply with FLTCA, 2021

Notice of Administrative Monetary Penalty AMP #004

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Related to Written Notification NC #005

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:

June 29, 2022 - CO #004 from inspection report #2022_1351_0001, specific to FLTCA 2021, s. 6 (7).

This is the first time the licensee has failed 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: Bathing

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 37

The licensee has failed to ensure that a resident received a bath twice weekly.

Summary and Rationale

A resident's plan of care directed staff to provide the resident with a shower or bath twice weekly. Point of Care (POC) documentation indicated that the resident did not receive a bath as required over several dates.

The DOC reviewed the resident's documentation, and confirmed that baths were not being offered to the resident twice weekly and should have been.

Sources: A resident's progress notes, Care Plan and POC documentation; licensee policy titled, "Bathing, Showering and Water Temperature Monitoring, RC-06-01-02"; interviews with the DOC, and other staff. [736]

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WRITTEN NOTIFICATION: Falls

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O.Reg. 246/22, s. 54 (2)

The licensee has failed to ensure that when a resident had fallen, the resident was assessed and that where the condition or circumstances of the resident required, a post-fall assessment was conducted using a clinically appropriate assessment instrument that was specifically designed for falls.

Summary and Rationale

The health care records for a resident were reviewed and a post-fall assessment tool was not found.

An Registered Practical Nurse (RPN) reported they had not completed the post-fall assessment tool for this resident after their fall and they should have.

The DOC confirmed that the post-fall assessment tool had not been completed as per the homes' policy after this resident's fall with injury.

Sources: "Falls Prevention and Management Program RC-15-01-01" last reviewed January 2022, a resident's health care records, CIS report; interviews with an RPN and the DOC. [196]