

**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
May 12, 2021	2021_633577_0010	003936-21, 003979-21	Complaint

Licensee/Titulaire de permis

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.)
766 Hespeler Road, Suite 301 Cambridge ON N3H 5L8

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

Southbridge Pinewood
2625 Walsh Street East Thunder Bay ON P7E 2E5

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

DEBBIE WARPULA (577)

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): May 3 to 7, 2021

Critical Incident System (CIS) Inspection #2021_633577_0011 was conducted concurrently with this Complaint (CO) Inspection.

**The following intakes were inspected during this Complaint (CO) Inspection:
- two intakes related to complaints submitted to the Director regarding alleged resident neglect.**

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Associate Director of Care (ADOC), Registered Nurse (RN), Registered Practical Nurses (RPNs), Housekeeping Aide, Resident Assessment Instrument (RAI) Coordinator and Wound Care Champion, Public Health Nurse Thunder Bay District Health Unit (TBDHU), Personal Support Workers (PSWs), a family member and a resident.

The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed an investigation file, relevant health care records and policies.

**The following Inspection Protocols were used during this inspection:
Infection Prevention and Control
Skin and Wound Care**

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

1 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. (9) The licensee shall ensure that there is in place a hand hygiene program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, and with access to point-of-care hand hygiene agents. O. Reg. 79/10, s. 229 (9).

Findings/Faits saillants :

1. The licensee has failed to ensure that a hand hygiene program was in place in accordance with the Ontario evidence-based hand hygiene (HH) program, 'Just Clean Your Hands' (JCYH) related to staff assisting residents with HH before and after meals.

In accordance with Public Health Ontario, Provincial Infectious Diseases Advisory Committee: Best Practices for Hand Hygiene in All Health Care Settings, hand hygiene in Long Term Care homes was to be provided to residents before and after meals and snacks.

Inspector #577 observed meal service in two of the home areas and observed residents not provided with hand hygiene before and after their meals.

During interviews with PSW #101 and #102, they advised that it wasn't common practice to have provided hand hygiene to residents before meals.

The failure to have implemented the hand hygiene program in accordance with Evidence Based Practice (EBP) presented a minimal risk to residents related to the possible ingestion of disease-causing organisms that may have been on their hands.

Sources: Observations of residents; interviews with the Director of Care and other staff; the home's policy Meal Service and Dining Experience; and Public Health Ontario, Provincial Infectious Diseases Advisory Committee: Best Practices for Hand Hygiene in All Health Care Settings. [s. 229. (9)]

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 a hand hygiene program is in place in accordance with the Ontario evidence-based hand hygiene (HH) program, 'Just Clean Your Hands' (JCYH) related to staff assisting residents with HH before and after meals, to be implemented voluntarily.

Issued on this 12th day of May, 2021

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

Original report signed by the inspector.