

**Inspection Report under
the Long-Term Care
Homes Act, 2007**

**Rapport d'inspection prévue
sous la Loi de 2007 sur les foyers
de soins de longue durée**

**Long-Term Care Homes Division
Long-Term Care Inspections Branch**

**Division des foyers de soins de
longue durée
Inspection de soins de longue durée**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159, rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 2, 2019	2019_668543_0019	012040-19	Follow up

Licensee/Titulaire de permis

St. Joseph's Health Centre of Sudbury
1140 South Bay Road SUDBURY ON P3E 0B6

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

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15 Chelmsford ON P0M 1L0

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

TIFFANY BOUCHER (543)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Follow up inspection.

This inspection was conducted on the following date(s): September 23-27, 2019.

A Critical Incident System inspection, was conducted concurrent with this inspection.

One intake regarding CO #001, from a previous inspection related to LTCHA, 2007 S.O. 2007, c.8, s. 3 (14), Residents' Bill of Rights was inspected.

Inspector #759, Keara Cronin attended this inspection during orientation.

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Social Worker (SW) and Food Services Manager (FSM).

The Inspector(s) also conducted daily tours of the resident care areas, observed the provision of care towards residents and reviewed resident health care records and internal meeting minutes.

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:

REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
LTCHA, 2007 S.O. 2007, c.8 s. 3. (1)	CO #001	2019_786744_0016		543

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Légende
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 LTCHA, 2007 S.O. 2007, c.8, s. 101. Conditions of licence

Specifically failed to comply with the following:

s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.

Findings/Faits saillants :

1. The licensee has failed to comply with the following requirement of the LTCHA: it is a condition of every licence that the licensee shall comply with every order made under this Act: s. 101. (3).

On July 29, 2019, the following compliance order (CO #001) from inspection #2019_786744-_0016 was made under LTCHA, 2007 S.O. 2007, c.8, s. 3 (14), that every resident has the right to communicate in confidence, receive visitors of his or her choice and consult in private with any person without interference, was issued:

The licensee must be compliant with Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.3 (1) 14.

Specifically, the licensee must:

a) Ensure that the rights of all residents are fully respected and promoted by allowing all family members and visitors to visit the resident without interference and restrictions.

b) Develop and implement strategies to deal with potentially threatening conduct by visitors while upholding a resident's personal rights to receive visitors without interference or restrictions. Strategies may include, but not limited to, establishing cooperative role behaviours for family and friends, informing the visitor of the behaviour changes that he or she needs to make, recommending that the visitor have a support person present during visits with a resident, limiting the care that the visitor is providing the resident; attending regular meetings with the interdisciplinary team related to specific issues, continue its attempts to resolve the issue and evaluate the appropriateness of mitigation strategies etc.

c) The Licensee will ensure a support person, chosen by the visitor, is permitted to be in

attendance at each meeting.

The Order must be complied with by August 15, 2019.

The licensee failed to complete step b) of CO #001: Develop and implement strategies to deal with potentially threatening conduct by visitors while upholding a resident's personal rights to receive visitors without interference or restrictions. Strategies may include, but not limited to, establishing cooperative role behaviours for family and friends, informing the visitor of the behaviour changes that he or she needs to make, recommending that the visitor have a support person present during visits with a resident, limiting the care that the visitor is providing the resident; attending regular meetings with the interdisciplinary team related to specific issues, continue its attempts to resolve the issue and evaluate the appropriateness of mitigation strategies etc.

Inspector #543 reviewed "Meeting Minutes" "Senior Management Committee", from a date in 2019. Section 5.4 of the minutes, "Ministry of Health Order-VSGV" indicated that "The VSGV Site Administrator informed members that these items are under one umbrella and requires an interdisciplinary approach when dealing with this particular type of concern regarding family or POA non-compliance. In addition, the following will take place: Additional progress notes, care conference records, education to interdisciplinary team members, if compliance requests follow-up, we will provide them with excerpts from this meeting to show that the matter has been addressed at a Senior Management level along with the excerpts from the Quality Council meeting to show that a work plan has been developed and to show we are moving forward with an interdisciplinary approach. No further action from this group is required".

Inspector #543 reviewed "Meeting Minutes" "VSGV Quality Council", from a date in 2019. Section 6.2 of the minutes, "MOH Compliance Order and appeal" indicated that "The members reviewed the MOH Work Plan and the Chair informed the committee that going forward, documented meeting will need to be formalized with the interdisciplinary team and the appropriate members involved when addressing difficult family members".

Inspector #543 interviewed RPN #109 and RN #103, who indicated that they were not involved in any meeting regarding any strategies and processes that were implemented to deal with potentially threatening visitors.

Inspector #543 interviewed SW #108, who indicated that they had not been involved in any meeting regarding strategies and processes implemented to deal with potentially

threatening visitors.

Inspector #543 interviewed the FSM #107, who indicated that no new “policies” have been implemented related to dealing with potentially threatening visitors.

Inspector #543 interviewed the ADOC, who indicated that meetings were held to discuss strategies and processes, to be implemented related to dealing with potentially threatening visitors. The ADOC indicated that the information would be communicated to the “front-line staff” through staff meetings, however the meetings scheduled for July and August 2019, were cancelled, and that it would be discussed during the September meeting.

Inspector #543 interviewed the Administrator, who indicated that they were in the process of reviewing their “complaints policy”, which deal with difficult family members or visitors. They identified that the “policy” had not yet been implemented. The Inspector subsequently inquired as to why the procedures or strategies had not been implemented for the August 15, 2019, the compliance due date for the compliance order. They indicated that they had submitted a compliance plan to the MOLTC identifying what their plans were.

The Inspector asked the Administrator to verify whether or not any policies had been developed or updated to address dealing with difficult visitors or family members. The Administrator indicated that any updates related to the development and implementation of strategies to deal with potentially threatening conduct by visitors; were in the process of being completed, updated or implemented. The Administrator verified that not all front-line staff (which included RNs, RPNs, PSWs) had been updated or educated on the new process going forward that dealt with difficult family members or visitors. The Administrator verified that they still had to roll out some information of where the home was heading in terms of an interdisciplinary approach in dealing with difficult visitors or family members. This would be rolled out in October. [s. 101. (3)]

Issued on this 3rd day of October, 2019

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

Original report signed by the inspector.