

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
Mar 5, 2021	2021_679687_0001	000093-21	Complaint

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

LOVIRIZA CALUZA (687)

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): January 11-15 and January 18-19, 2021.

The following intake was inspected during this Complaint Inspection.

- One complaint that was submitted to the Director regarding improper food storage.

A Follow-up Inspection #2021_679687_0002 was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Food Service Manager (FSM), Registered Nurses (RNs), Registered Dietitian (RD), Registered Practical Nurses (RPNs), Scheduling Clerk, Minimum Data Set (MDS) Coder, Personal Care Assistants (PCAs), Food Service Assistants (FSAs), Kitchen Cook, family members and residents.

During the course of the inspection, the inspector(s) also conducted a daily walk through of resident care areas, observed the provision of care towards residents and Infection Prevention and Control (IPAC) practices, observed staff to resident interactions, reviewed relevant health records, staffing schedules, and the home's policies and procedures.

The following Inspection Protocols were used during this inspection:

Food Quality

Infection Prevention and Control

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

2 WN(s)

2 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 LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident was served the diet texture that was specified in their plan of care.

The Inspector conducted an observation during a lunch meal service and observed that the FSM served a resident the incorrect diet texture. In an interview with the RPN, they stated that they had requested a certain diet texture for the resident, but the FSM served a different diet texture than what had been requested.

Sources: Inspector observation; review the resident's Diet List, Nutrition Assessment and electronic progress notes, review of the home's policy titled "Meal Service – Villas" issued date September 20, 2010; and interview with an RPN and the FSM. [s. 6. (7)]

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 the resident is served a minced diet texture during a meal service as specified in their plan of care, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 73. Dining and snack service

Specifically failed to comply with the following:

s. 73. (1) Every licensee of a long-term care home shall ensure that the home has a dining and snack service that includes, at a minimum, the following elements:

1. Communication of the seven-day and daily menus to residents. O. Reg. 79/10, s. 73 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home had a dining and snack service which included a communication of the daily menus to residents.

During an observation the Inspector identified that the “Regular Week at a Glance” food menu was different from the posted Daily Menu in two home areas.

In interviews with two residents, they both indicated that they were not aware of the Daily Menu and that they would appreciate if they were aware of the menu ahead of time.

During interviews with two Food Service Aids (FSA), they each stated that the posted Daily Menu was different from the Regular Week at a Glance food menu and had to be changed.

Sources: Inspector observations; review of the home’s Daily Menu and the Regular Week at a Glance food menu; interviews with residents, the FSM, and other staff. [s. 73. (1) 1.]

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 the home has a dining and snack service which include a communication of the seven-day and daily menus to residents, to be implemented voluntarily.

Issued on this 25th day of March, 2021

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

Original report signed by the inspector.