

**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
Apr 1, 2022	2022_894684_0001	018913-21, 020665- 21, 002022-22	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

SHELLEY MURPHY (684)

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): March 21-25, 2022.

The following intakes were inspected upon during this Complaint inspection:

- Two intakes related to resident care concerns; and**
- One intake related to the Resident's Bill of Rights.**

During the course of the inspection, the inspector(s) spoke with the Administrator, Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Care Aide (PCAs), Infection Prevention and Control (IPAC) Coordinator, Environmental Service Aide (ESA), family members and residents.

The Inspector also conducted daily tours of resident home areas, observed the provision of care and services to residents, observed staff to resident and resident to resident interactions, observed staff Infection Prevention and Control (IPAC) practices, reviewed relevant resident health care records, and relevant home's reports, policies and protocols.

The following Inspection Protocols were used during this inspection:

**Dignity, Choice and Privacy
Infection Prevention and Control
Personal Support Services**

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 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 the care set out in the plan of care was provided to all residents as specified in the plan.

A) One resident's care plan identified a specific intervention related to their care needs.

During a conversation with the resident, they stated that their specific interventions were not followed by staff.

A home report confirmed what the resident said to be accurate.

As a result, the resident received care but not as specified in the plan of care, thus causing a change in the resident's condition.

B) A second resident's care plan identified an intervention to be utilized for their care.

The resident stated, that they did not receive the care required as staff did not follow the identified interventions in their care plan.

A home report confirmed what the resident said to be accurate.

The Assistant Director of Care (ADOC) reviewed the home's report which showed that the care plans were not followed.

Failure of staff to respond to the residents care needs as per their care plans put them at minimal risk of harm.

Sources: Home's report, the home's policy, the resident's care plans, residents progress notes and eMARs; interviews with the two residents, staff interviews and the Assistant Director of Care (ADOC). [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 that ensures that the care set out in the plan of care is provided to all residents as specified in the plan, to be implemented voluntarily.

WN #2: 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 has failed to ensure that all staff participate in the implementation of the program.

The licensee's document titled SJHC COVID-19 Management Guidelines, indicated that all staff (including students and volunteers) and essential visitors/caregivers: Eye protection is required to be worn at all times.

A staff member was noted to be passing out snacks from the snack cart, entering resident rooms with no eye protection on. When asked if they should be wearing eye protection, they stated yes.

The IPAC lead stated that staff were to wear face masks and eye protection.

Sources: Interview with the staff member and IPAC lead and SJHC COVID-19 Management Guidelines document.

Issued on this 14th day of April, 2022

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

Original report signed by the inspector.