

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

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

Original Public Report	
Report Issue Date: December 30, 2022	
Inspection Number: 2022-1467-0002	
Inspection Type: Complaint	
Licensee: St. Joseph's Health Centre of Sudbury	
Long Term Care Home and City: St. Gabriel's Villa of Sudbury, Chelmsford	
Lead Inspector Amy Geauvreau (642)	Inspector Digital Signature
Additional Inspector(s)	

INSPECTION SUMMARY
<p>The Inspection occurred on the following date(s):</p> <p>November 1-4, 7-10, 2022.</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> • Three complaint intakes: related to the COVID-19 outbreak, staffing shortage, and resident care concerns. • Intake: related to potential neglect to a resident and care concerns.

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

- Infection Prevention and Control
- Food, Nutrition and Hydration
- Resident Care and Support Services
- Prevention of Abuse and Neglect

INSPECTION RESULTS

WRITTEN NOTIFICATION: Menu Planning

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 77 (3) (c)

The licensee has failed to ensure that the residents' were offered a minimum of, a snack in the afternoon and evening.

Rational and Summary

Complaints had been submitted to the Ministry due to the COVID outbreak in the home and concerns that residents were not receiving their meals/and snacks.

Three residents indicated to the Inspector that, they were not receiving their afternoon, and evening snacks.

Interview with Personal Care Assistant's (PCAs), stated that during the outbreak, staffing was low, and it was difficult to get the snacks completed because they had no time, and they documented it as, "Not Applicable," (NA), in the residents' charts.

Review of the PCA's, Point of Care (POC) documentation under nourishments, in the residents' charts, identified that the residents' had Not Applicable documented, during the COVID outbreak.

The non-compliance was a low risk, since the residents' did state they were receiving their meals.

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Sources: POC documentation; Nourishment's policy; Complainants interviews; resident interviews; PCA's interviews; DOC, and the Administrator, and other staff.

COMPLIANCE ORDER CO #001 Bathing

NC #002 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 37 (1)

The inspector is ordering the licensee to comply with a Compliance Order [FLTCA, 2021, s. 155 (1) (a)]:

The Licensee has failed to comply with O. Reg. 246/22, s 37. (1),

The licensee shall:

1. Develop and implement an auditing process to ensure that the two residents identified, receive a bath and/or shower a minimum of twice per week. The audits must be continued for a minimum of four weeks, or longer if concerns are identified. Documentation of the audits, including any corrective action, must be maintained.
2. Develop and implement a process for ensuring that documentation is maintained related to resident bathing, including the implementation of a process for ensuring that any missed baths or showers can be followed up on and are made up.

Grounds

O. Reg. 246/22, s. 37. (1)

Two residents reported to the Inspector that they had missed their baths/and showers during the COVID outbreak in the home.

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Rational and Summary

Interviews with PCA's identified that baths and showers were being missed during the COVID outbreak due to short staffing. PCA's identified that when a resident missed a bath and/or shower they would try to make it up the next shift. However, there was no other process in place, to follow up with the missing baths/and showers.

Interview with the Director of Care (DOC) identified the PCA's do not document the baths and/or showers in the residents' medical charts, they only document in the POC when they are making up a missed bath or shower.

There was moderate risk to the residents' by not receiving their baths/and or showers twice a week.

Sources: Progress notes, POC documentation; Bathing-Complete, Partial, Tub Baths and Showers policy; Complainants interviews; resident interviews; PCA's interviews; DOC, and other staff. [642]

This order must be complied with by

February 24, 2023

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REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order or AMP was served on the licensee.

The written request for review must include:

- (a) the portions of the order or AMP in respect of which the review is requested;
- (b) any submissions that the licensee wishes the Director to consider; and
- (c) an address for service for the licensee.

The written request for review must be served personally, by registered mail, email or commercial courier upon:

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the commercial courier received the document

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If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the licensee decides to request an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th Floor
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Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal and hearing process. A licensee may learn more about the HSARB on the website www.hsarb.on.ca.