



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

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

**Health System Accountability and  
Performance Division  
Performance Improvement and  
Compliance Branch**

**Division de la responsabilisation et de la  
performance du système de santé  
Direction de l'amélioration de la  
performance et de la conformité**

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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 4, 2013	2013_211106_0021	S-000229- 13, S- 000284-13	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**

**MARGOT BURNS-PROUTY (106)**

**Inspection Summary/Résumé de l'inspection**



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**The purpose of this inspection was to conduct a Complaint inspection.**

**This inspection was conducted on the following date(s): August 6, 7, 8, 9, 2013**

**The following logs were reviewed during this inspection: Log # S-000229-13, S-000284-13**

**Concurrent Follow-up inspection#2013\_211106\_0021 completed during this inspection.**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Manager of Food Services, Manager of Environmental Services, Registered Nurse (RN), Registered Practical Nurse (RPN), Physiotherapist (PT), Physiotherapist Assistant (PTA), Activity Lead, Family Members, and Residents**

**During the course of the inspection, the inspector(s) conducted a walk-through of resident home areas and various common areas, observed care provided to residents in the home and reviewed resident health care records**

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

**Food Quality**

**Personal Support Services**

**Sufficient Staffing**

**Findings of Non-Compliance were found during this inspection.**

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**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

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**Legend**

**WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order**

**Legendé**

**WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités**



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.)

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

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**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. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,**

**(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).**

**(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).**

**(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

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**Findings/Faits saillants :**



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1. On August 8, 2013, during a phone interview with the resident's POA, they stated that they were concerned that the resident was not receiving appropriate hygiene care and they were also concerned that the resident had sustained an injury during a transfer. The most recent RAI MDS quarterly assessment, was reviewed and it indicated that resident #020 was assessed as requiring extensive assistance and one person physical assist for the following activities: transferring and personal hygiene. Resident #020's plan of care was reviewed and in regards to transferring and personal hygiene the following interventions were found, "TRANSFERS: Provide supervision when resident is transferring and phys assist for difficult maneuvers." and "HYGIENE/GROOMING: Provide intermit. supervision with repetitive cues and phy. assist ie. comb hair, apply make up." The licensee failed to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary. [s. 6. (10) (b)]

***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 that resident #020 is reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary, specifically in regards to transferring and personal hygiene, to be implemented voluntarily.***

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Issued on this 8th day of October, 2013

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

A handwritten signature in black ink, appearing to be "J. Smith", written over a white background within a rectangular box.