

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

Ottawa District  
347 Preston Street, Suite 410  
Ottawa, ON, K1S 3J4  
Telephone: (877) 779-5559

## Original Public Report

Report Issue Date: September 17, 2024

Inspection Number: 2024-1819-0005

Inspection Type:  
Proactive Compliance Inspection

Licensee: CVH (No. 7) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.)

Long Term Care Home and City: Southbridge Kemptville, Kemptville

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): September 3, 4, 5, 6, 9, 10, 11, 12, 13, 16, 2024

The following intake(s) were inspected:

- Intake: #00125428 - Proactive Compliance Inspection

The following Inspection Protocols were used during this inspection:

Resident Care and Support Services  
Skin and Wound Prevention and Management  
Food, Nutrition and Hydration  
Residents' and Family Councils  
Medication Management  
Infection Prevention and Control  
Safe and Secure Home  
Prevention of Abuse and Neglect  
Quality Improvement

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Staffing, Training and Care Standards  
Residents' Rights and Choices  
Pain Management

## INSPECTION RESULTS

### Non-Compliance Remedied

Non-compliance was found during this inspection and was remedied by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (a)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out, (a) the planned care for the resident;

A review of a resident's written plan of care, conducted on a specific day, the resident's, preference for a bathing was not indicated in the record. On a specific day the plan of care for the resident was revised to reflect their bathing preference on specific days throughout the week.

Source: hard copy of resident's plan of care Bathing Focus.

Date Remedy Implemented: September 12, 2024

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NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)

Non-compliance with: FLTCA, 2021, s. 6 (1) (c)

Plan of care

s. 6 (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,

(c) clear directions to staff and others who provide direct care to the resident; and

During a review of the written plan of care for a specific resident a specific intervention was no longer available to the resident. The written plan was updated to reflect the most current intervention.

Source: specific resident's plan of care, interview with a Registered Nurse (RN), and a Registered Practical Nurse (RPN).

Date Remedy Implemented: September 16, 2024

## WRITTEN NOTIFICATION: Orientation

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 10.

Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1)

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performs their responsibilities before receiving training in the areas mentioned below:

10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.

The licensee has failed to ensure that a specific RPN received training on the licensee's policy of Diabetes Management - Hypoglycemia before performing their responsibilities at the home.

Source: Interview with a RPN, a specific clinical manager, and a specific Staff Educator.

### **WRITTEN NOTIFICATION: Air temperature**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 24 (3)

Air temperature

s. 24 (3) The temperature required to be measured under subsection (2) shall be documented at least once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night.

The Licensee has failed to document temperatures that are required to be measured, once every evening or night, on specific dates.

Sources: Interview with staff #102, temperature log record review.

### **WRITTEN NOTIFICATION: Dining and snack service**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 79 (1) 4.

Dining and snack service

s. 79 (1) Every licensee of a long-term care home shall ensure that the home has a

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dining and snack service that includes, at a minimum, the following elements:

4. A process to ensure that food service workers and other staff assisting residents are aware of the residents' diets, special needs, and preferences.

The licensee has failed to ensure that food service workers and other staff assisting residents were aware of and followed the process to ensure that a resident's special needs, for specific dietary items were provided at specific meals.

Source: inspector's observation, resident's electronic health record, Interviews with a Personal Support Worker, an RPN, a Dietary Aide, and a Registered Dietician.

## WRITTEN NOTIFICATION: Infection prevention and control program

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control was followed. In accordance with the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes, issued April 2022 and revised September 2023, section 10.4 h) Additional Requirement under the standard: the licensee shall ensure support for residents to perform hand hygiene prior to receiving meals and snacks.

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On a specific day, four residents were not offered support to complete hand hygiene prior to a specific meal service.

Source: Inspector's observation, interviews with a PSW, and an RPN

### **WRITTEN NOTIFICATION: Emergency drug supply**

NC #007 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 132 (b)

Emergency drug supply

s. 132. Every licensee of a long-term care home who maintains an emergency drug supply for the home shall ensure,

(b) that a written policy is in place to address the location of the supply, procedures and timing for reordering drugs, access to the supply, use of drugs in the supply and tracking and documentation with respect to the drugs maintained in the supply;

The licensee has failed to ensure the written Policy, Diabetes Management - Hypoglycemia, that was in place, was complied with when the home's supply of glucagon was no longer available at each nurse's station.

Source: Observation of a medication cart, Policy: Diabetes Management - Hypoglycemia, Interviews with two RNs, a staff Educator, a manager of clinical services.

### **WRITTEN NOTIFICATION: Residents' drug regimes**

NC #008 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 146 (a)

Residents' drug regimes

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s. 146. Every licensee of a long-term care home shall ensure that,  
(a) when a resident is taking any drug or combination of drugs, including  
psychotropic drugs, there is monitoring and documentation of the resident's  
response and the effectiveness of the drugs appropriate to the risk level of the  
drugs;

The licensee has failed to ensure that when a resident was administered a specific  
analgesic the response and the effectiveness of the analgesic was monitored and  
documented on specific dates and times.

Source: resident's electronic health record, interviews with a RN, and a manger of  
clinical services.