

**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

| <b>Original Public Report</b>   |                                    |
|---|------------------------------------|
| <b>Report Issue Date:</b> November 7, 2023  |                                    |
| <b>Inspection Number:</b> 2023-1819-0005  |                                    |
| <b>Inspection Type:</b><br>Critical Incident  |                                    |
| <b>Licensee:</b> CVH (No. 7) LP by its general partner, Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Health Care GP Inc.) |                                    |
| <b>Long Term Care Home and City:</b> Southbridge Kemptville, Kemptville   |                                    |
| <b>Lead Inspector</b><br>Karen Bunes (720483)   | <b>Inspector Digital Signature</b> |
| <b>Additional Inspector(s)</b>  |                                    |

| <b>INSPECTION SUMMARY</b>   |
|---|
| <p>The inspection occurred onsite on the following date(s): September 20, 21, 22, 26, 27, 28, 2023 and October 3, 4, 5, 6, 2023</p> <p>The following intake(s) were inspected:</p> <ul style="list-style-type: none"> <li>Intake: #00096965 - 3060-000035-23 - Improper/Incompetent care or treatment of resident which resulted in harm or risk of harm to a resident</li> </ul> |

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

- Skin and Wound Prevention and Management
- Infection Prevention and Control
- Reporting and Complaints

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## INSPECTION RESULTS

### WRITTEN NOTIFICATION: Reporting Matters to the Director

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

Non-compliance with: FLTCA, 2021, s. 28 (1) 1.

The licensee failed to immediately report the suspicion and the information upon which it is based to the Director, the improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

#### Rationale and Summary

On a specific date the licensee reported improper/incompetent treatment or care which resulted in harm or a risk of harm to a resident.

In an interview with the Executive Director they stated after review of the incident the licensee suspected improper/incompetent treatment of the resident 2 days prior to submitting the report.

Failure to report to the Director as per legislative requirements potentially delayed the licensee's investigation of the incident.

Sources: Critical Incident Report, interview with Executive Director

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### WRITTEN NOTIFICATION: Additional Training - direct care staff

**NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.**

Non-compliance with: O. Reg. 246/22, s. 261 (1) 2.

The licensee failed to ensure training was provided to all staff who provide direct care to residents, specifically skin and wound care management.

In accordance with O.Reg 246/22 s. 261 (2) (1) the licensee shall ensure that all staff who provide direct care to residents must receive annual training in all the areas required under subsection 82 (7) of the Act.

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Rationale and Summary

The licensee reported improper/incompetent treatment or care which resulted in harm or a risk of harm to a resident. During an interview with a Registered Practical Nurse (RPN) they stated they did not receive training on skin and wound care management. The Assistant Director of Care (ADOC) reported being uncertain if all registered staff including agency staff had received training on skin and wound care management. A review of the licensee's skin and wound care management training records revealed that not all registered staff employed by the licensee and no agency registered staff had received training on the skin and wound care management program.

Failure to provide annual training for the registered staff on the Skin and Wound Program increased the risk of the condition of the wound worsening and significantly impacted the resident's health and well-being.

Sources: Registered staff schedules, registered staff training records, interviews with RPN and ADOC.

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## COMPLIANCE ORDER CO #001 Plan of Care

**NC #003 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: FLTCA, 2021, s. 6 (7)

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

The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

The licensee shall:

- A. Review all plans of care for residents with impaired skin integrity to ensure they are up to date and include interventions to address impaired skin integrity.
- B. Review the above mentioned plans of care with all registered staff including agency staff working in the home.
- C. Written records of A and B shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

**Grounds**

The licensee reported improper/incompetent treatment or care which resulted in harm or a risk of harm

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to a resident. A review of the resident health records revealed impaired skin integrity was identified as a focus of care and the interventions included completing a weekly skin and wound PUSH (Pressure Ulcer Care for Healing) assessment. A review of the PUSH-wound care assessment completed for the resident from the date of admission revealed the assessments were not completed weekly.

Failure to provide care as specified in the plan of care increased the risk of the condition of the wound worsening and significantly impacted the resident's health and well-being.

Sources: Resident clinical health records and PUSH tool assessment record.

**This order must be complied with by November 24, 2023**

## COMPLIANCE ORDER CO #002 Skin and Wound

**NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.**

Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)

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

The licensee failed to ensure that a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, was reassessed at least weekly by a member of the registered nursing staff.

The licensee shall:

- A. Educate all registered staff including agency registered staff working in the home on the licensee's Skin and Wound Care Management Program including the Wound Assessment Tool.
- B. Perform weekly wound assessment audits to ensure that staff are following the licensee's Skin and Wound Care Management Program. Audits are to be conducted until consistent compliance to the Skin and Wound Care Management Program described above is demonstrated.
- C. Take corrective actions to address staff non-compliance related to skin and wound care management.
- D. Written records of A, B and C shall be maintained until the Ministry of Long-Term Care has deemed that the licensee has complied with this order.

### Grounds

The licensee reported improper/incompetent treatment or care which resulted in harm or a risk of harm to a resident. A review of the resident's health records revealed altered skin integrity and an identified pressure wound was not assessed weekly by a member of the registered nursing staff. The licensee's Skin and Wound Care Program: Wound Care Management Policy directs the registered staff to monitor

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residents, identified with impaired skin integrity, skin conditions and wounds at a minimum of every seven days. A Registered Nurse (RN) and the ADOC confirmed residents with pressure wounds are to receive a weekly skin and wound assessment.

Failure to have a member of the registered staff assess the resident's skin integrity weekly increased the risk of the condition of the wound worsening and significantly impacted the residents health and well-being.

Source: Resident health records, Skin and Wound Care Program: Wound Care Management Policy RC-23-01-02, reviewed March 2023, interviews with registered staff and the ADOC.

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**This order must be complied with by November 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, 8<sup>th</sup> floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto: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, 9<sup>th</sup> Floor  
Toronto, ON, M5S 1S4

**Director**

c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Long-Term Care  
438 University Avenue, 8<sup>th</sup> Floor  
Toronto, ON, M7A 1N3  
e-mail: [MLTC.AppealsCoordinator@ontario.ca](mailto:MLTC.AppealsCoordinator@ontario.ca)

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](http://www.hsarb.on.ca).