



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

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

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

**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) /<br/>Date(s) du Rapport</b> | <b>Inspection No /<br/>No de l'inspection</b> | <b>Log # /<br/>Registre no</b>     | <b>Type of Inspection /<br/>Genre d'inspection</b> |
|--|---|------------------------------------|--|
| Jul 4, 2013                                    | 2013_138151_0022                              | S-000128-<br>13,S-196,S-<br>197-13 | Complaint  |

**Licensee/Titulaire de permis**

**THE BOARD OF MANAGEMENT OF THE DISTRICT OF NIPISSING WEST  
100 Michaud Street, STURGEON FALLS, ON, P2B-2Z4**

**Long-Term Care Home/Foyer de soins de longue durée**

**AU CHATEAU  
100 MICHAUD STREET, STURGEON FALLS, ON, P2B-2Z4**

**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

**MONIQUE BERGER (151)**

**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): June 13,14, 2013**

**This inspection involved the following:**

**S-000128-13 related to IL-27543-SU**

**S-000196-13 related to IL-27771-SU**

**S-000197-13 related to IL-27771-SU**

**During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Charge Nurse, Registered Staff, Personal Support Workers (PSW), Maintenance Care Manager, residents and family members**

**During the course of the inspection, the inspector(s)**

- observed care and service delivery**
- toured the home several times per day**
- reviewed resident health care records**
- reviewed the home's policy, procedures, protocols and programs related to the management of resident behaviours**
- reviewed the home's policies, procedures, protocols and programs related to the prevention and management of resident falls,**
- reviewed the home's staffing plan and related policies**
- reviewed the home's contingency plan for when working short**
- reviewed staffing schedules**

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

**Dining Observation**

**Falls Prevention**

**Responsive Behaviours**

**Safe and Secure Home**

**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 O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).**

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**Findings/Faits saillants :**



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1. In an interview, the Director of Care confirmed that an annual process for the evaluation of the staffing plan has not as yet been established.

There is no written record of each annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented [s. 31. (4)]

***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 there is a written record of each annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented, to be implemented voluntarily.***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 90. Maintenance services**

**Specifically failed to comply with the following:**

**s. 90. (1) As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, every licensee of a long-term care home shall ensure that,**

**(a) maintenance services in the home are available seven days per week to ensure that the building, including both interior and exterior areas, and its operational systems are maintained in good repair; and O. Reg. 79/10, s. 90 (1).**

**(b) there are schedules and procedures in place for routine, preventive and remedial maintenance. O. Reg. 79/10, s. 90 (1).**

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**Findings/Faits saillants :**



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1. Inspector noted general disrepair of the home; walls heavily scuffed and marred by resident and equipment traffic, walls in partial state of patch and paint, doors having peeling paint down several layers to the metal. Inspector noted the partial state of patch and paint to not have progressed any further since the last inspection on May 13, 2013. Inspector noted in corridor B, there is a large gaping hole in the wall at ankle level. This wall damage was brought to the Maintenance Manager's attention at the May 2013 inspection and to date of the new inspection, no attempt to repair was made.

As part of the organized program of maintenance services under clause 15 (1) (c) of the Act, the licensee of the long-term care home did not ensure that the building, including both interior and exterior areas, and its operational systems are maintained in a good repair. [s. 90. (1)]

***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 the building, including both interior and exterior areas are maintained in a good state of repair, to be implemented voluntarily.***

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**WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

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**Findings/Faits saillants :**

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1. Inspector reviewed the home's current staffing plan and noted a reference indicating an RPN can be left in charge and be the sole registered staff in the building when an RN cannot be scheduled. Interview with DOC confirms that leaving an RPN as sole charge on site has occurred on very rare occasions. The most current policy for staff to reference does direct staff that, under certain circumstances, leaving an RPN as sole charge registered staff in the building can be done. The home has 162 beds and is not subject to any exceptions to Reg.79/10, s. 45.

The licensee did not ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times. [s. 8. (3)]

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply**

**Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:**

- 1. All areas where drugs are stored shall be kept locked at all times, when not in use.**
- 2. Access to these areas shall be restricted to,**
  - i. persons who may dispense, prescribe or administer drugs in the home, and**
  - ii. the Administrator.**
- 3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.**

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**Findings/Faits saillants :**



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1. On June 12, 2013, Inspector observed a medication cart unlocked with no staff in direct view of the cart. Inspector was able to open the drawers and observe content of all drawers. Inspector stood by the cart until RPN # 010 returned to the cart. Inspector inquired if the cart had a locking mechanism and the staff person replied yes. Inspector asked if it was the home's policy to lock the cart whenever staff were not in direct view of the cart. Staff #010 stated that it was but it took too long to lock and unlock the cart each time the staff went into a resident's room.

The licensee did not ensure that steps were taken to ensure the security of the drug supply that included all areas where drugs are stored to be kept locked at all times when not in use. [s. 130. 1.]

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**WN #5: 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).**

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**Findings/Faits saillants :**



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1. Inspector 151 observed a breakfast meal service on Unit 3. Inspector noted that all staff coming to the servery for resident meals would handle the resident's toast while adding condiments. Inspector observed one staff person wearing blue nitrile gloves and removing dishes from resident tables to the dirty dishes cart. This same person was observed to do the following without removing the gloves or handwashing:

- first to go to the servery and request a breakfast for a resident and then to serve the resident this breakfast,
- immediately following this, to remove a glass and bowl from the table to bring to the dirty dishes cart,
- immediately following this, to handle a resident's bowl and spoon in effort to encourage the resident to eat.

The issue was reported to RN Charge Nurse who confirmed the home's policy is that hand-washing between serving residents is required, staff are not to touch resident food (staff are to use a fork to stabilize toast when spreading condiments) and that care gloves are not to be used to serve residents.

The licensee did not ensure that all staff participated in the implementation of the Infection Control program. [s. 229. (4)]

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**Issued on this 4th day of July, 2013**

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

*Monique G. Berger*