



**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**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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**Public Copy/Copie du public**

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<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>
Mar 29, 2017	2017_566669_0004	029574-16	Complaint

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**Licensee/Titulaire de permis**

COPPER TERRACE LIMITED  
284 CENTRAL AVENUE LONDON ON N6B 2C8

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

COPPER TERRACE  
91 TECUMSEH ROAD CHATHAM ON N7M 1B3

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

ANDREA DIMENNA (669)

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**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): March 1, 2, and 3, 2017.**

**This complaint inspection related to sufficient staffing was conducted at the same time as the Resident Quality Inspection.**

**During the course of the inspection, the inspector(s) spoke with residents, Administrator, Director of Nursing (DON), the complainant, and two Personal Support Workers (PSWs).**

**During the course of the inspection, the inspector also observed the provision of care for residents and reviewed relevant records and policies.**

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

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

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

<p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p>	<p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p>
<p>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).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>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.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**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).**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that there was 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.

Sufficient Staffing Plans, dated October 2016, and Sufficient Staffing-PSW Policy (all shifts), dated September 2016, were reviewed and did not include documentation related to the annual evaluations of the staffing plan, who was involved in the evaluations, and the changes implemented based on the evaluations.

DON #102 was interviewed and stated the home evaluated its staffing plan on an ongoing basis, as staff brought forward concerns, and that the plan was updated three times in the last seven months. DON #102 acknowledged that the home did not have written documentation related to annual evaluations of their staffing plan, who was involved in the evaluation, and the changes implemented based on the evaluations. Administrator #103 was present and stated that there was no written documentation related to annual evaluations.

The licensee has failed to ensure that there was 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.

The severity of this issue was determined to be a level 1 as there was minimal risk, and the scope was isolated during the course of this inspection. The home's compliance history was reviewed and this legislation was issued on April 20, 2016 as a Voluntary Plan of Correction (VPC) in a Resident Quality Inspection, #2016\_262523\_0018. [s. 31. (4)]



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

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Issued on this 29th day of March, 2017

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

**Original report signed by the inspector.**