



**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 prévue
le Loi de 2007 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 sions de longue durée**

London Service Area Office
130 Dufferin Avenue 4th floor
LONDON ON N6A 5R2
Telephone: (519) 873-1200
Facsimile: (519) 873-1300

Bureau régional de services de
London
130 avenue Dufferin 4ème étage
LONDON ON N6A 5R2
Téléphone: (519) 873-1200
Télécopieur: (519) 873-1300

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| Report Date(s)/ Date(s) du Rapport | Inspection No/ No de l'inspection | Log #/ Registre no | Type of Inspection / Genre d'inspection |
|---|--|-------------------------------|--|
| Apr 12, 2016; | 2015_253614_0021 (A1) | 025144-15 | Resident Quality Inspection |

Licensee/Titulaire de permis

CVH (No.2) LP

c/o Southbridge Care Homes 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

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

COUNTRY LANE LONG TERM CARE RESIDENCE

R. R. #3, 317079 HWY 6 & 10 CHATSWORTH ON N0H 1G0

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



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le Loi de 2007 les foyers de
soins de longue durée**

SHARON PERRY (155) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

CO #001 date of compliance changed from March 31, 2016 to June 30, 2016.

Issued on this 12 day of April 2016 (A1)

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

Original report signed by the inspector.



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SHARON PERRY (155) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): September 28, 29, 30, October 1, 2, 5, 6 and 7, 2015.

When in the home the inspectors toured the resident home areas, medication room(s), medication storage room(s), observed dining service, medication administration, provision of resident care, recreational activities, staff/resident interactions, infection control procedures, posting of required information, relevant policies and procedures as well as meeting minutes pertaining to the inspection.

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care/RAI Coordinator, Registered Practical Nurses, Program Manager, Office Manager, Environmental Services Manager, Cook, Dietary Aides, Personal Support Workers, Housekeeping/Laundry Aide, Resident Council representative, Family Council representative, Residents and Families

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Maintenance
Contenance Care and Bowel Management
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Residents' Council
Responsive Behaviours
Skin and Wound Care
Sufficient Staffing**

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

**3 WN(s)
1 VPC(s)
1 CO(s)
1 DR(s)
0 WAO(s)**

The following previously issued Order(s) were found to be in compliance at the time of this inspection:

Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:



| REQUIREMENT/ EXIGENCE | TYPE OF ACTION/ GENRE DE MESURE | INSPECTION # / NO DE L'INSPECTION | INSPECTOR ID #/ NO DE L'INSPECTEUR |
|--------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| O.Reg 79/10 s. 45. (1) | CO #002 | 2014_325568_0008 | 614 |

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

| Legend | Legendé |
|---|--|
| <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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 LTCHA, 2007, 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).

Findings/Faits saillants :

1. The licensee has failed to ensure that at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was on duty and present in the home at all times unless there was an allowable exception to this requirement.

A review of the Registered staff schedule for a period of time was conducted and revealed the following:

a) On a specific day the only Registered Nurse on staff was the Director of Care. The Director of Care performed Director of Care duties three days per week and worked as the Resident Assessment Instrument (RAI) Coordinator two days per week.

b) There were 14/14 (100%) day, evening, and night shifts where there was not a Registered Nurse on duty and present in the home at all times.
This was confirmed by the Registered staff, Office Manager and Executive Director.

An interview with the Office Manager indicated that the home advertised for Registered Nurses on the Extendicare website and stated that the advertisement was then picked up by several other websites. A review of the Extendicare website was conducted on October 5, 2015 and revealed that the home had a current advertisement with a posting date of September 18, 2015. The advertisement stated "candidates are invited to apply for Full Time RN Nights or Part Time RN (all shifts)..." An interview with the Executive Director confirmed that they now need to recruit for full time Registered Nurse positions on all shifts.

The scope of this issue was widespread as 100% of the shifts reviewed indicated the home did not have a Registered Nurse on duty and present in the home. There was a history of non-compliance with this regulation and has been issued as a compliance order on two previous occasions. The severity was determined to be a level 2 with the potential for risk of harm by the absence of a registered nurse as required in the legislation. [s. 8. (3)]



Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

(A1)The following order(s) have been amended:CO# 001

DR # 001 – The above written notification is also being referred to the Director for further action by the Director.

WN #2: The Licensee has failed to comply with LTCHA, 2007, 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).

Findings/Faits saillants :



1. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised post fracture.

A specific resident sustained an injury and required treatment.

Upon review of the residents plan of care, it was determined that prior to the resident's injury the resident was assessed to be independent with personal care and eating. Post injury, the progress notes indicated that the resident required assistance with both personal care and eating.

There was no evidence to indicate that the resident was reassessed post injury, nor was the residents plan of care revised to include the changes in their care needs. This was confirmed with two Registered staff during an interview with the inspector. [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 a resident is reassessed and their plan of care is reviewed and revised when the resident's care needs change, to be implemented voluntarily.

**WN #3: The Licensee has failed to comply with LTCHA, 2007, s. 15.
Accommodation services**



Specifically failed to comply with the following:

- s. 15. (2) Every licensee of a long-term care home shall ensure that,**
- (a) the home, furnishings and equipment are kept clean and sanitary; 2007, c. 8, s. 15 (2).**
 - (b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and 2007, c. 8, s. 15 (2).**
 - (c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).**

Findings/Faits saillants :

1. The licensee failed to ensure that the home, furnishings and equipment were maintained in a safe condition and in a good state of repair.

a) During the initial tour of the home, it was observed that a section of flooring was missing from the front entry way, at the main door.

b) During the resident observation of the inspection, the washroom taps in the washrooms used by specific residents were noted to have hard water build up on them.

c) In the washroom used by specific residents, the flooring was cracked and in a state of disrepair.

d) In front of the spa room, the tile flooring was noted to be chipped and cracked with wood flooring exposed.

While on a tour of the home with the inspector, the Environmental Services Manager (ESM) confirmed that the above areas were in need of maintenance and repair. The ESM also shared that while the home had planned to address the flooring disrepair, budgeted funds had been used for other repairs that were required in the home. [s. 15. (2) (c)]



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Issued on this 12 day of April 2016 (A1)

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

Original report signed by the inspector.



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Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

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Name of Inspector (ID #) /

Nom de l'inspecteur (No) : SHARON PERRY (155) - (A1)

Inspection No. /

No de l'inspection : 2015_253614_0021 (A1)

Appeal/Dir# /

Appel/Dir#:

Log No. /

Registre no. : 025144-15 (A1)

Type of Inspection /

Genre d'inspection: Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Apr 12, 2016;(A1)

Licensee /

Titulaire de permis : CVH (No.2) LP
c/o Southbridge Care Homes, 766 Hespeler Road,
Suite 301, CAMBRIDGE, ON, N3H-5L8

LTC Home /

Foyer de SLD : COUNTRY LANE LONG TERM CARE RESIDENCE
R. R. #3, 317079 HWY 6 & 10, CHATSWORTH, ON,
N0H-1G0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : MARY-LYNNE KENNEDY-MCGREGOR



Order(s) of the Inspector

Ordre(s) de l'inspecteur

Pursuant to section 153 and/or
section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Aux termes de l'article 153 et/ou de
l'article 154 de la Loi de 2007 sur les
foyers de soins de longue durée, L.
O. 2007, chap. 8

Grounds / Motifs :

1. The licensee has failed to ensure that at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was on duty and present in the home at all times unless there was an allowable exception to this requirement.

A review of the registered staff schedule for the period of September 21, 2015 to October 4, 2015 was conducted and revealed the following:

a) On September 21, 2015 the only Registered Nurse on staff was the Director of Care. The Director of Care performed Director of Care duties three days per week and worked as the Resident Assessment Instrument (RAI) Coordinator two days per week.

b) There were 14/14 (100%) day, evening, and night shifts that there was not a Registered Nurse on duty and present in the home at all times. This was confirmed by the Registered staff, Office Manager and Executive Director.

An interview with the Office Manager indicated that the home advertised for Registered Nurses on the Extencicare website and stated that the advertisement was then picked up by several other websites. A review of the Extencicare website was conducted on October 5, 2015 and revealed that the home had a current advertisement with a posting date of September 18, 2015. The advertisement stated "candidates are invited to apply for Full Time RN Nights or Part Time RN (all shifts)..."

An interview with the Executive Director confirmed that they now need to recruit for full time Registered Nurse positions on all shifts.

The scope of this issue was widespread as 100% of the shifts reviewed indicated the home did not have a Registered Nurse on duty and present in the home. There was a history of non-compliance with this regulation and has been issued as a compliance order on two previous occasions. The severity was determined to be a level 2 with the potential for risk of harm by the absence of a registered nurse as required in the legislation. [s.8.(3)] (155)

(155)



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2007, c. 8

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O. 2007, chap. 8

**This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le :**

Jun 30, 2016(A1)



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2007, c. 8

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l'article 154 de la Loi de 2007 sur les
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O. 2007, chap. 8

REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

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 was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The 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 a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the Director



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section 154 of the Long-Term
Care Homes Act, 2007, S.O.
2007, c. 8

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 11th Floor
Toronto, ON M5S 2B1
Fax: 416-327-7603

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O. 2007, chap. 8

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603



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2007, c. 8

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foyers de soins de longue durée, L.
O. 2007, chap. 8

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision
des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Inspection de soins de longue durée
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 12 day of April 2016 (A1)

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** SHARON PERRY - (A1)

**Service Area Office /
Bureau régional de services :** London