

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

Rapport d'inspection prévue
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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 15, 2019	2019_796754_0001	018649-19	Other

Licensee/Titulaire de permis

CVH (No. 2) LP
766 Hespeler Road, Suite 301 c/o Southbridge Care Homes 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

TAWNIE URBANSKI (754), VALERIE GOLDRUP (539)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Other inspection.

This inspection was conducted on the following date(s): November 4, 5, 6, and 7, 2019.

This inspection was a Central West Service Area Office Inspector Initiated (SAO II) inspection.

**The following intake was completed in this SAO II Inspection:
Log #018649-19.**

During the course of the inspection, the inspector(s) spoke with the Executive Director/Director of Care (ED/DOC), Office Manager, Food Service Manager (FSM), Registered Nurse (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides (DA), residents and families.

During the course of the inspection, the inspector(s) toured the home and observed dining service and medication administration. Resident care, services and activities, were also observed. Clinical records and plans of care for identified residents were reviewed. Also, relevant documents were reviewed including but not limited to the home's documentation and procedures as related to the inspection.

The following Inspection Protocols were used during this inspection:

Dining Observation

Falls Prevention

Medication

Personal Support Services

Reporting and Complaints

Residents' Council

Skin and Wound Care

Sufficient Staffing

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

- 2 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>Légende</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.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).

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 at all times unless there was an allowable exception to this requirement.

Inspector #539 became aware that the home was pre-scheduling Registered Practical Nurses (RPNs) to work as charge nurse with no Registered Nurse (RN) in the building.

During the inspection, RPN #106 confirmed that there was no scheduled day shift RN on duty during two days in November 2019.

The registered staff schedules, from late September to late October 2019, were reviewed with Executive Director/ Director of Care (ED/DOC), #100. They confirmed that twenty-eight of the eighty-four shifts, or thirty-three percent of shifts, had been pre-booked with an RPN because there was no available RN to work.

ED/DOC #100 stated there was a shortage of RNs. One RN line consisting of six shifts was vacant due to an RN on leave and one RN line consisting of eight shifts was filled by an RPN.

ED/DOC #100 stated that they had attempted to recruit RNs in the past year but had been unsuccessful in hiring.

The licensee 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 at all times unless there was an allowable exception to this requirement. [s. 8. (3)]

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

**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6.
Plan of care**

Specifically failed to comply with the following:

s. 6. (9) The licensee shall ensure that the following are documented:

- 1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).**
- 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).**

Findings/Faits saillants :

1. The licensee has failed to ensure that the provision of care set out in the plan of care was documented for resident #002.

During a SAO II inspection, inspector #754 became aware of concerns related to residents not receiving required personal support services.

Point of Care documentation for personal support services was reviewed for resident #002 for a two week period over October/November, 2019. This documentation indicated resident #002 should have had a particular personal support service twice per week. The documentation did not show that the resident had this personal support service over the two week period reviewed, and refused this service once over the two week period.

During an interview, PSW #107 said they did provide this personal support service once over the two week period reviewed for resident #002, but that they forgot to document this service.

Executive Director/Director of Care #100 shared it was likely that resident #002 received the personal support services twice per week over the two week period reviewed, but staff may have forgotten to document the provision of care.

The licensee failed to ensure that the provision of care set out in the plan of care for resident #002 was documented. [s. 6. (9)]

Issued on this 19th day of November, 2019

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

Original report signed by the inspector.