

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
Oct 4, 2019	2019_577611_0035	013591-19	Complaint

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**Licensee/Titulaire de permis**

The Regional Municipality of Niagara  
1815 Sir Isaac Brock Way THOROLD ON L2V 4T7

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

Douglas H. Rapelje Lodge  
277 Plymouth Road WELLAND ON L3B 6E3

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

KELLY CHUCKRY (611)

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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): October 1, 2019**

**During the course of this inspection, the inspector(s) reviewed Registered Nurse (RN) schedules, pertinent staffing plans and program evaluations, and relevant policies and procedures.**

**During this complaint inspection, Log #013591-19 was inspected pertaining to sufficient staffing.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care (DRC), the Associate Director of Resident Care (ADRC), the Office Lead, and the Long Term Cre Office Assistant.**

**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>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 :**

The licensee failed to ensure that at least one registered nurse (RN) 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 (see definition/description for list of exceptions as stated in section 45. (1) and 45.1 of the Regulation).

D,H. Rapelje Lodge has a licensed capacity of 120 beds and did not qualify for any exceptions as specified in the regulations. During a complaint inspection, log #013591-19, it was identified that the home did not have an RN in the building for an identified night shift.

Further review of the RN schedules identified that home utilized a contracted agency RN to cover two (2) vacant shifts.

This information was reviewed by the Associate Director of Resident Care, and further reviewed with the Director of Resident Care, who confirmed that the need to fill the RN shift was not a result of an emergency situation as outlined in O. Reg 79/10, s. 45(2) and that the contracted agency RN was not an employee of the licensee or a member of the regular nursing staff of the home. [s. 8. (3)] [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 that at least one registered nurse (RN), who is an employee of the licensee and a member of the regular nursing staff is on duty and present at all times unless there is an allowable exception to this requirement (see definition/description for list of exceptions as stated in section 45. (1) and 45. 1 of the Regulation), to be implemented voluntarily.***

**Issued on this 4th day of October, 2019**

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

**Original report signed by the inspector.**