

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District

119 King Street West, 11th Floor
Hamilton, ON, L8P 4Y7
Telephone: (800) 461-7137

Original Public Report

Report Issue Date: July 25, 2024

Inspection Number: 2024-1599-0002

Inspection Type:
Complaint

Licensee: The Regional Municipality of Niagara

Long Term Care Home and City: Douglas H. Rapelje Lodge, Welland

INSPECTION SUMMARY

The inspection occurred offsite on the following dates: May 23-24, 27-30, June 3-4, 7, 10-13, 18-20, and July 8-11, 2024.

The following intake was inspected:

- Intake: #00116512 - related to records required for employment.

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

Safe and Secure Home

INSPECTION RESULTS

WRITTEN NOTIFICATION: TRAINING

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 82 (2) 3.

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Training

s. 82 (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.

The Fixing Long Term Care Act, 2021, s. 2 states: "staff", in relation to a long-term care home, means persons who work at the home,

(a) as employees of the licensee,

(b) pursuant to a contract or agreement with the licensee, or

(c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; ("personnel")

The licensee failed to ensure that all agency staff at the home received training on the long-term care home's policy to promote zero tolerance of abuse and neglect of residents, before performing their responsibilities. The home employed 74 staff members from an identified staffing agency over the course of two years and the Administrator confirmed they did not have training records for any of these employees, including documentation that any of the staff members were provided education related to the home's policy to promote zero tolerance of abuse and neglect of residents, prior to performing their duties.

Sources: E-mail correspondence; Interview with the Administrator.

WRITTEN NOTIFICATION: INFECTION PREVENTION AND CONTROL PROGRAM

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

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Non-compliance with: O. Reg. 246/22, s. 102 (12) 4.

Infection prevention and control program

s. 102 (12) The licensee shall ensure that the following immunization and screening measures are in place:

4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

According to the Infection Prevention and Control (IPAC) Standard, s. 11.2, the licensee was required to ensure that staff were screened for Tuberculosis (TB) and other infectious diseases at time of hire in accordance with evidence-based practices and where there were none, in accordance with prevailing practices.

The licensee failed to ensure that agency staff that were hired by the home pursuant to a contract were screened for TB in accordance with evidence-based practices. Three agency staff were not screened for TB at time of hire in accordance with evidence-based practices.

Sources: The home's policy, identified staffing agency staff records, e-mail correspondence; Interview with the Administrator.

WRITTEN NOTIFICATION: EXEMPTIONS, TRAINING

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 262 (2)

Exemptions, training

s. 262 (2) The licensee shall ensure that the persons described in clauses (1) (a) to (c) are provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 82 (2) of the Act before providing their services.

Items listed under the FLTCA, 2021, s. 82 (2) paragraphs 1, 3, 4, 5, 7, 8, and 9 were as

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follows:

1. The Residents' Bill of Rights.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 28 to make mandatory reports.
5. The protections afforded by section 30.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.

The licensee failed to ensure that three agency staff who did not provide direct care to residents, were provided with information about the items listed in paragraphs 1, 3, 4, 5, 7, 8 and 9 of subsection 82 (2) of the Act, before providing their services.

Sources: Identified staffing agency staff records; Interview with the Administrator.

COMPLIANCE ORDER CO #001 STAFF RECORDS

NC #004 Compliance Order pursuant to FLTCA, 2021, s. 154 (1) 2.

Non-compliance with: O. Reg. 246/22, s. 278 (1)

Staff records

s. 278 (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

1. The staff member's qualifications, previous employment and other relevant experience.
2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which they are a

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member, or verification of the staff member's current registration with the regulatory body governing their profession.

2.1 In the case of an exempted out of province health professional, verification that the professional meets all of the criteria for being exempted from subsections 9 (1) and (3) of the Medicine Act, 1991, subsections 11 (1) and (5) of the Nursing Act, 1991 or subsections 9 (1) and (2) of the Respiratory Therapy Act, 1991, as applicable.

3. Where applicable, the results of the staff member's police record check under subsection 81 (2) of the Act.

4. If subsection 81 (4) of the Act applied with respect to a staff member, a record showing that the staff member has not been convicted of an offence prescribed under subsection 255 (1) of this Regulation or found guilty of an act of professional misconduct prescribed under subsection 255 (2).

5. Where applicable, the staff member's declarations under subsection 252 (4) and section 253.

**The inspector is ordering the licensee to comply with a Compliance Order
[FLTCA, 2021, s. 155 (1) (a)]:**

The licensee shall:

A) Review and revise as necessary its process for ensuring that all staff working directly with residents, including agency staff, have had their required records collected and reviewed by the licensee, prior to the staffs' first day of work on site. In accordance with O. Reg. 246/22, s. 281, these records must be kept on-site at the home while the staff member is actively employed by the home. In accordance with s. 282 of O. Reg 246/22, the staff records must be retained for seven years after the staff member ceased to work at the home and on-site at the home for at least the first year following the employee's last date of work.

B) Among the applicable elements of O. Reg. 246/22, s. 278 (1), ensure the revised

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process includes procedures for collecting and reviewing the following records for completion, prior to the staff working with residents:

1. A valid Vulnerable Sector Check (VSC) that complies with the requirements of O. Reg. 246/22, s. 252, including that it was conducted within six months before the staff member was hired, by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015.
2. Valid Tuberculosis (TB) screening records at time of hire, in accordance with evidence-based practices and where there are none, in accordance with prevailing practices, consistent with O. Reg. 246/22, s. 102 (12) 4.

Grounds

The licensee failed to ensure that a record was kept for each agency staff that were hired by the home pursuant to a contract. The home employed 74 agency staff from an identified staffing agency over the course of two years, and the home did not keep a record for these agency staff.

Sources: E-mail correspondence; Interview with the Administrator.

This order must be complied with by August 30, 2024

REVIEW/APPEAL INFORMATION

TAKE NOTICE

The Licensee has the right to request a review by the Director of this (these) Order(s) and/or this Notice of Administrative Penalty (AMP) in accordance with section 169 of the Fixing Long-Term Care Act, 2021 (Act). The licensee can request that the Director stay this (these) Order(s) pending the review. If a licensee requests a review

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of an AMP, the requirement to pay is stayed until the disposition of the review.

Note: Under the Act, a re-inspection fee is not subject to a review by the Director or an appeal to the Health Services Appeal and Review Board (HSARB). 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 or AMP was served on the licensee.

The written request for review must include:

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

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

Director

c/o Appeals Coordinator
Long-Term Care Inspections Branch
Ministry of Long-Term Care
438 University Avenue, 8th floor
Toronto, ON, M7A 1N3
e-mail: MLTC.AppealsCoordinator@ontario.ca

If service is made by:

- (a) registered mail, is deemed to be made on the fifth day after the day of mailing
- (b) email, is deemed to be made on the following day, if the document was served after 4 p.m.
- (c) commercial courier, is deemed to be made on the second business day after the

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commercial courier received the document

If the licensee is not served with a copy of the Director's decision within 28 days of receipt of the licensee's request for review, this(these) Order(s) is(are) and/or this AMP is deemed to be confirmed by the Director and, for the purposes of an appeal to HSARB, the Director is deemed to have served the licensee with a copy of that decision on the expiry of the 28-day period.

Pursuant to s. 170 of the Act, the licensee has the right to appeal any of the following to HSARB:

- (a) An order made by the Director under sections 155 to 159 of the Act.
- (b) An AMP issued by the Director under section 158 of the Act.
- (c) The Director's review decision, issued under section 169 of the Act, with respect to an inspector's compliance order (s. 155) or AMP (s. 158).

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 an appeal, the licensee must give a written notice of appeal within 28 days from the day the licensee was served with a copy of the order, AMP or Director's decision that is being appealed from. The appeal notice must be given to both HSARB and the Director:

Health Services Appeal and Review Board

Attention Registrar
151 Bloor Street West, 9th Floor
Toronto, ON, M5S 1S4

Director

c/o Appeals Coordinator

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