



**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 soins de longue durée**

Hamilton Service Area Office  
119 King Street West 11th Floor  
HAMILTON ON L8P 4Y7  
Telephone: (905) 546-8294  
Facsimile: (905) 546-8255

Bureau régional de services de  
Hamilton  
119 rue King Ouest 11<sup>ième</sup> étage  
HAMILTON ON L8P 4Y7  
Téléphone: (905) 546-8294  
Télécopieur: (905) 546-8255

## **Amended Public Copy/Copie modifiée du public de permis**

<b>Report Date(s)/ Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
May 09, 2018;	2018_558123_0005 (A1)	025591-17	Follow up

### **Licensee/Titulaire de permis**

Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

Dover Cliffs  
501 St. George Street P.O. BOX 430 Port Dover ON N0A 1N0

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

Amended by MELODY GRAY (123) - (A1)

### **Amended Inspection Summary/Résumé de l'inspection modifié**

**This report was amended after the compliance due date was extended as negotiated.**



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**Issued on this 9 day of May 2018 (A1)**

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

**Original report signed by the inspector.**



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Amended by MELODY GRAY (123) - (A1)

## **Amended Inspection Summary/Résumé de l'inspection modifié**



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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): February 26, 2018.**

**During the course of the inspection, the inspector reviewed the home's records including the nursing department staffing schedules; observed staff deployment during the day and evening shifts; observed staff response to residents' requests for assistance.**

**Concurrent inspection:**

**026112-17 related to staffing.**

**During the course of the inspection, the inspector(s) spoke with residents, Personal Support Workers (PSWs), registered staff, the Director of Care (DOC), the Staff Educator/Nursing Assistant and the Business Manager/Resident Care Coordinator.**

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

**Sufficient Staffing**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**0 DR(s)**

**0 WAO(s)**



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

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

**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 failed to ensure that there was at least one Registered Nurse who was an employee of the licensee and a member of the regular nursing staff 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).

Dover Cliffs is a long-term care home with a licensed capacity of 70 beds. The Staffing Plan provided for at a minimum of one Registered Nurse (RN) 24 hours a day.

The Director of Care (DOC) provided the registered staffing schedules for the periods of January 13 to March 9, 2018. The Inspector reviewed the above schedules with the DOC and the Staff Educator/Nursing Assistant. It was noted that an RN who was a member of the regular nursing staff was not on duty on fourteen occasions during the identified time period.

The DOC and the Staff Educator/Nursing Assistant were interviewed and identified that there was always a Registered Nurse (RN) in the building. They identified that since January 23, 2018, there had been 14 shifts where a Registered Nurse, who was an employee of the home/licensee and member of the regular nursing staff, was not on duty and present in the home. The RNs who worked the identified shifts were agency staff members. The DOC was always on call when the home used Registered Nurses from the agency. The fourteen dates mentioned above included four, eight and twelve hour shifts.

During the evening shifts and the day shifts there was a Registered Practical Nurse (RPN) who was a regular member of the home's staff in the building in addition to the agency RN. The home recently implemented having one of their RPNs on the night shifts, when the agency RNs were prescheduled to work in the home. The home utilizes only three RNs from the agencies to cover their vacant shifts. Those RNs were trained, familiar with, and worked regularly in the home.

The Staff Educator/Nursing Assistant identified that for the 14 identified shifts agency staff were required due to time off, illness, weather conditions and did not qualify as an exception. [s. 8. (3)]

***Additional Required Actions:***



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**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**



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

**Original report signed by the inspector.**





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2007, c. 8

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** Amended by MELODY GRAY (123) - (A1)

**Inspection No. /**

**No de l'inspection :** 2018\_558123\_0005 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**No de registre :** 025591-17 (A1)

**Type of Inspection /**

**Genre d'inspection:** Follow up

**Report Date(s) /**

**Date(s) du Rapport :** May 09, 2018;(A1)

**Licensee /**

**Titulaire de permis :** Revera Long Term Care Inc.  
5015 Spectrum Way, Suite 600, MISSISSAUGA,  
ON, L4W-0E4

**LTC Home /**

**Foyer de SLD :** Dover Cliffs  
501 St. George Street, P.O. BOX 430, Port Dover,  
ON, N0A-1N0

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Pauline Robinson





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The Staff Educator/Nursing Assistant identified that for the 14 identified shifts agency staff were required due to time off, illness, weather conditions and did not qualify as an exception.

(123)

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



**Ministry of Health and  
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Sep 30, 2018(A1)

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**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, commercial courier 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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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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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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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](http://www.hsarb.on.ca).

**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

PRENEZ AVIS :

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 2T5

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers 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

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 9 day of May 2018 (A1)**

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

**Name of Inspector /  
Nom de l'inspecteur :**

Amended by MELODY GRAY - (A1)



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