

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

Central West Service Area Office  
1st Floor, 609 Kumpf Drive  
WATERLOO ON N2V 1K8  
Telephone: (888) 432-7901  
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Bureau régional de services de Centre  
Ouest  
1e étage, 609 rue Kumpf  
WATERLOO ON N2V 1K8  
Téléphone: (888) 432-7901  
Télécopieur: (519) 885-2015

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<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>
Sep 25, 2019	2019_821640_0025	013154-19	Complaint

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**Licensee/Titulaire de permis**

CVH (No. 8) LP by its general partners, Southbridge Health Care GP Inc. and  
Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care  
Homes Inc.)

766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Errinrung Long Term Care Home

67 Bruce Street P.O. Box 69 THORNBURY ON N0H 2P0

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

HEATHER PRESTON (640)

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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): September 17, 2019.**

**During the course of the inspection, the LTCH Inspector toured the home, observed the provision of care, reviewed clinical records, policy and procedure and interviewed staff.**

**The following Complaint report was reviewed:**

**Complaint log #013154-19 related to an allegation that agency staff were not qualified resulting in injury to a resident**

**During the course of the inspection, the inspector(s) spoke with residents, agency Office Manager, Personal Support Workers, Resident Assessment Instrument (RAI) Coordinator, Resident Service Manager (RSM), Assistant Director of Care (ADOC), Director of Care (DOC) and the Executive Director (ED).**

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

**Sufficient Staffing  
Training and Orientation**

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

**3 WN(s)  
2 VPC(s)  
2 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. 76. Training**

**Specifically failed to comply with the following:**

**s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:**

- 1. The Residents' Bill of Rights. 2007, c. 8, s. 76. (2).**
- 2. The long-term care home's mission statement. 2007, c. 8, s. 76. (2).**
- 3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents. 2007, c. 8, s. 76. (2).**
- 4. The duty under section 24 to make mandatory reports. 2007, c. 8, s. 76. (2).**
- 5. The protections afforded by section 26. 2007, c. 8, s. 76. (2).**
- 6. The long-term care home's policy to minimize the restraining of residents. 2007, c. 8, s. 76. (2).**
- 7. Fire prevention and safety. 2007, c. 8, s. 76. (2).**
- 8. Emergency and evacuation procedures. 2007, c. 8, s. 76. (2).**
- 9. Infection prevention and control. 2007, c. 8, s. 76. (2).**
- 10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities. 2007, c. 8, s. 76. (2).**
- 11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that staff received their training before performing their responsibilities.

a) On an identified date in April 2019, agency PSW #006 was providing care to a resident, the resident fell and sustained injuries. The MLTC received a complaint that the PSW was not a certified PSW and worked for an agency.

PSW #006 was an agency PSW, accepted to work in the home on an identified date in July 2018. On a second date in July 2018, the PSW was assigned to work as a direct care provider.

The LTCH Inspector reviewed the training provided the PSW upon hire related to the provision of care in the home. On an identified date in July 2018, all mandatory and other required training was assigned to the PSW using the home's electronic training system. On their first assigned shift, the PSW was provided face to face training by the

Resident Service Manager (RSM), on the use of the lifts that were available in the home.

The record of mandatory and required training was provided to the LTCH Inspector for PSW #001. The training was completed 24 days after the provision of care on three separate dates.

b) On an identified date in January 2019, agency PSW #108 was accepted to work at the home.

On a second date in January 2019, the PSW was assigned to work as a direct care provider.

The day following the provision of care, PSW #108 completed their mandatory training.

c) On an identified date in August 2019 agency RPN #107 was accepted to work at the home.

The following day the RPN was assigned to work with another RPN in the home, administered medications and provided treatments to residents.

Two days after the provision of care, RPN #107 completed their mandatory training.

The RSM said that all agency staff were assigned the mandatory and required education and training on the home's electronic system. The agency staff were given access to the electronic system off site and could complete their training before being assigned a shift.

The RSM and the DOC reviewed the training records and acknowledged that mandatory training was not completed as required.

The licensee failed to ensure that staff training was completed prior to performing their responsibilities. [s. 76. (2)]

***Additional Required Actions:***

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

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 31. Nursing and personal support services**

**Specifically failed to comply with the following:**

**s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).**

**s. 31. (3) The staffing plan must,**

**(a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; O. Reg. 79/10, s. 31 (3).**

**(b) set out the organization and scheduling of staff shifts; O. Reg. 79/10, s. 31 (3).**

**(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; O. Reg. 79/10, s. 31 (3).**

**(d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and O. Reg. 79/10, s. 31 (3).**

**(e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

### **Findings/Faits saillants :**

1. The licensee failed to ensure that there was a written staffing plan for nursing and personal support services that included a staffing mix that was consistent with residents' assessed care and safety needs, that set out the organization and scheduling of staff shifts and promoted continuity of care by minimizing the number of different staff members providing care to each resident.

During a review of a complaint regarding agency staff qualifications, the Long-Term Care Homes (LTCH) Inspector requested the home's Nursing and Personal Support Services staffing plan.

The home provided a document labelled "Errinrung Contingency Plan for PSW staffing"

with no date on the document. The document reviewed actions staff were to take when short PSW staff up to two staff on days, evening and night shifts. It directed the day staff to reassign the workload, delay morning care until after breakfast and when the day shift was short one or two PSWs, the night staff were to complete two additional residents' morning care.

The evening shift was to reassign PSW staff from one area to another, leaving one area short. When they were short two evening staff, staff were directed to follow the call-in list. If no one was available, a day shift PSW was required to stay until 1800 hours and the night shift was to come in to work at 1800 hours instead of 2200 hours.

When short on the night shift, evening staff were expected to work a double shift.

There was no direction to staff when or how to access the agency the home had a service agreement with.

The LTCH Inspector requested the remaining portion of the home's staffing plan to demonstrate the staffing mix, the organization and scheduling of staff shifts and how the continuity of care was to be promoted. The Executive Director (ED) and the Director of Care (DOC) said that the contingency plan was the staffing plan. They included that the daily "POD Assignment PSW" form was part of the home's written staffing plan. The ED said there was a manager's binder that contained further instruction to the manager actions to take when on call related to a staffing concern.

The "POD Assignment PSW" form was posted daily and was the assignment of the individual PSWs to the home area they were scheduled to work that day.

During a review of the schedule for the time associated with the complaint, the LTCH Inspector noted many pre-scheduled agency PSW staff on the schedule.

The PSW schedule period of March 31 to April 13, 2019, had scheduled agency PSW staff 60 percent (%) of the time. The month of August 2019 had agency PSW staff scheduled 51% of the time.

The Manager of Resident Services said the home had seven unfilled PSW positions since October 2015 and routinely relied on agency staff since that time. On the regular PSW schedule there were nine lines consisting of 79 shifts every two weeks, routinely assigned to the agency to fill.

The PSW schedule for August 2019 had 66 changes entered after the schedule had been developed for both regular staff of the home and agency PSW staff.

The licensee failed to ensure there was a written staffing plan for nursing and personal support services that provided for a staffing mix that was consistent with residents' assessed care and safety needs, that set out the organization and scheduling of staff shifts and promoted continuity of care by minimizing the number of different staff members providing care to each resident. [s. 31. (2)]

2. The licensee failed to ensure that a written staffing plan was evaluated and updated annually in accordance with evidence-based practices.

During a review of a complaint regarding agency staff qualifications, the LTCH Inspector requested the home's Nursing and Personal Support Services staffing plan and the annual review of the program.

The home provided a document labelled "Errinrung Contingency Plan for PSW staffing" with no date on the document. The document reviewed actions staff were to take when short PSW staff up to two staff per shift. There was no direction included for the use of agency staff.

The home provided a document labelled "Quality Program Evaluation – Nursing and PSW Staffing Services". The document included answers to four questions such as the number of days without a permanently employed Director of Care, did the home have a primary care model, the number of shifts without an RN and was there a back-up plan to address staffing shortages.

The document did not include an evaluation of the program to ensure there was a staffing mix that was consistent with residents' assessed care and safety needs, whether the plan promoted continuity of care and whether the back-up plan was effective.

The Assistant DOC said this was the only document available as the home's annual evaluation. They were the Acting DOC at the time of the review and the DOC was the acting Executive Director.

The ADOC said the document did not evaluate the program and was a gathering of data related to the program.

The licensee failed to ensure there was an annual review of the nursing and support services program. [s. 31. (3)]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector". 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 the licensee must ensure that a written staffing plan is evaluated and updated annually in accordance with evidence-based practices, to be implemented voluntarily.***

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**WN #3: 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. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the care set out in the plan of care for resident #001, was provided as specified in the plan.

The Ministry of Long-Term Care received a complaint regarding an allegation of an agency PSW providing care to a resident without appropriate training and certification as a PSW. The resident fell and was injured.

On an identified date in April 2019 agency PSW #106 was assigned to provide care to resident #001.

The ADOC said the PSW had been providing morning care by themselves and the resident fell causing injury.

Resident #001 was assessed to be at high risk for falls. Minimum Data Set (MDS) assessed the resident to require extensive to total assistance of two staff. The plan of care directed that two staff were always to provide care.

The ADOC said the PSW told them they had provided the care alone and did not seek out assistance of other staff.

The Falls Management – Post Fall Assessment – V3 documented that a preventative measure would have been two person assistance at all times.

The licensee failed to ensure that the care set out in the plan of care for resident #001, was provided. [s. 6. (7)]

***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 the licensee must ensure that the care set out in the plan of care is provided as specified in the plan, to be implemented voluntarily.***

**Issued on this 27th day of September, 2019**

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

**Original report signed by the inspector.**

**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

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée  
Inspection de soins de longue durée

**Public Copy/Copie du public**

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

**Nom de l'inspecteur (No) :** HEATHER PRESTON (640)

**Inspection No. /**

**No de l'inspection :** 2019\_821640\_0025

**Log No. /**

**No de registre :** 013154-19

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Sep 25, 2019

**Licensee /**

**Titulaire de permis :** CVH (No. 8) LP by its general partners, Southbridge  
Health Care GP Inc. and Southbridge Care Homes (a  
limited partnership, by its general partner, Southbridge  
Care Homes Inc.)  
766 Hespeler Road, Suite 301, CAMBRIDGE, ON,  
N3H-5L8

**LTC Home /**

**Foyer de SLD :** Errinrung Long Term Care Home  
67 Bruce Street, P.O. Box 69, THORNBURY, ON,  
N0H-2P0

Leanne Haynes

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

Pursuant to section 153 and/or  
section 154 of the *Long-Term  
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2007, c. 8

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
O. 2007, chap. 8

**Name of Administrator /  
Nom de l'administratrice  
ou de l'administrateur :**

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To CVH (No. 8) LP by its general partners, Southbridge Health Care GP Inc. and Southbridge Care Homes (a limited partnership, by its general partner, Southbridge Care Homes Inc.), you are hereby required to comply with the following order(s) by the date(s) set out below:

**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

**Order # /****Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 76. (2) Every licensee shall ensure that no person mentioned in subsection (1) performs their responsibilities before receiving training in the areas mentioned below:

1. The Residents' Bill of Rights.
2. The long-term care home's mission statement.
3. The long-term care home's policy to promote zero tolerance of abuse and neglect of residents.
4. The duty under section 24 to make mandatory reports.
5. The protections afforded by section 26.
6. The long-term care home's policy to minimize the restraining of residents.
7. Fire prevention and safety.
8. Emergency and evacuation procedures.
9. Infection prevention and control.
10. All Acts, regulations, policies of the Ministry and similar documents, including policies of the licensee, that are relevant to the person's responsibilities.
11. Any other areas provided for in the regulations. 2007, c. 8, s. 76. (2).

**Order / Ordre :**

The licensee must comply with O. Reg. 79/10, s. 76 (2).

Specifically the licensee must:

- 1) Ensure there is a process in place to confirm all mandatory and required training have been completed for all staff, including agency, and that all staff complete the training before the first day of performing responsibilities, including the performing of responsibilities during the process of their orientation to the home.
- 2) A record must be kept of the confirmation of completion of the mandatory and required training. The record must be available for review.

**Grounds / Motifs :**

1. The licensee failed to ensure that staff received their training before

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

performing their responsibilities.

a) On an identified date in April 2019, agency PSW #006 was providing care to a resident, the resident fell and sustained injuries. The MLTC received a complaint that the PSW was not a certified PSW and worked for an agency.

PSW #006 was an agency PSW, accepted to work in the home on an identified date in July 2018. On a second date in July 2018, the PSW was assigned to work as a direct care provider.

The LTCH Inspector reviewed the training provided the PSW upon hire related to the provision of care in the home. On an identified date in July 2018, all mandatory and other required training was assigned to the PSW using the home's electronic training system. On their first assigned shift, the PSW was provided face to face training by the Resident Service Manager (RSM), on the use of the lifts that were available in the home.

The record of mandatory and required training was provided to the LTCH Inspector for PSW #001. The training was completed 24 days after the provision of care on three separate dates.

b) On an identified date in January 2019, agency PSW #108 was accepted to work at the home.

On a second date in January 2019, the PSW was assigned to work as a direct care provider.

The day following the provision of care, PSW #108 completed their mandatory training.

c) On an identified date in August 2019 agency RPN #107 was accepted to work at the home.

The following day the RPN was assigned to work with another RPN in the home, administered medications and provided treatments to residents.

Two days after the provision of care, RPN #107 completed their mandatory

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l'article 154 de la *Loi de 2007 sur les  
foyers de soins de longue durée*, L.  
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training.

The RSM said that all agency staff were assigned the mandatory and required education and training on the home's electronic system. The agency staff were given access to the electronic system off site and could complete their training before being assigned a shift.

The RSM and the DOC reviewed the training records and acknowledged that mandatory training was not completed as required.

The licensee failed to ensure that staff training was completed prior to performing their responsibilities.

This issue was determined to be a severity of level 2, minimum harm, minimum risk. The scope was determined to be level 3, widespread. The compliance history was determined to be level 2, previous non-compliance other sections of the LTCHA.

(640)

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

Nov 29, 2019

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

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**Order # /****Ordre no :** 002**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 31. (2) Every licensee of a long-term care home shall ensure that there is a written staffing plan for the programs referred to in clauses (1) (a) and (b). O. Reg. 79/10, s. 31 (2).

**Order / Ordre :**

The licensee must comply with O. Reg. 79/10, s. 31 (2).

Specifically the licensee must:

Prepare a written staffing plan for the nursing and personal support services program to include:

- a) the staffing mix for each home area and shift,
- b) the staffing mix must be consistent with the residents' assessed care and safety needs,
- c) the plan must demonstrate continuity of care,
- d) minimize the use of agency staff,
- d) there must be a contingency plan that includes registered staff and PWSs, directs staff in actions to take when staff call in or are not available to work and,
- e) give direction to staff on how and when to use the agency staff.

**Grounds / Motifs :**

1. The licensee failed to ensure that there was a written staffing plan for nursing and personal support services that included a staffing mix that was consistent with residents' assessed care and safety needs, that set out the organization and scheduling of staff shifts and promoted continuity of care by minimizing the number of different staff members providing care to each resident.

During a review of a complaint regarding agency staff qualifications, the Long-Term Care Homes (LTCH) Inspector requested the home's Nursing and Personal Support Services staffing plan.

**Order(s) of the Inspector**

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

**Ordre(s) de l'inspecteur**

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

The home provided a document labelled "Errinrung Contingency Plan for PSW staffing" with no date on the document. The document reviewed actions staff were to take when short PSW staff up to two staff on days, evening and night shifts. It directed the day staff to reassign the workload, delay morning care until after breakfast and when the day shift was short one or two PSWs, the night staff were to complete two additional residents' morning care.

The evening shift was to reassign PSW staff from one area to another, leaving one area short. When they were short two evening staff, staff were directed to follow the call-in list. If no one was available, a day shift PSW was required to stay until 1800 hours and the night shift was to come in to work at 1800 hours instead of 2200 hours.

When short on the night shift, evening staff were expected to work a double shift.

There was no direction to staff when or how to access the agency the home had a service agreement with.

The LTCH Inspector requested the remaining portion of the home's staffing plan to demonstrate the staffing mix, the organization and scheduling of staff shifts and how the continuity of care was to be promoted. The Executive Director (ED) and the Director of Care (DOC) said that the contingency plan was the staffing plan. They included that the daily "POD Assignment PSW" form was part of the home's written staffing plan. The ED said there was a manager's binder that contained further instruction to the manager actions to take when on call related to a staffing concern.

The "POD Assignment PSW" form was posted daily and was the assignment of the individual PSWs to the home area they were scheduled to work that day.

During a review of the schedule for the time associated with the complaint, the LTCH Inspector noted many pre-scheduled agency PSW staff on the schedule.

The PSW schedule period of March 31 to April 13, 2019, had scheduled agency PSW staff 60 percent (%) of the time. The month of August 2019 had agency PSW staff scheduled 51% of the time.

**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  
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O. 2007, chap. 8

The Manager of Resident Services said the home had seven unfilled PSW positions since October 2015 and routinely relied on agency staff since that time. On the regular PSW schedule there were nine lines consisting of 79 shifts every two weeks, routinely assigned to the agency to fill.

The PSW schedule for August 2019 had 66 changes entered after the schedule had been developed for both regular staff of the home and agency PSW staff.

The licensee failed to ensure there was a written staffing plan for nursing and personal support services that provided for a staffing mix that was consistent with residents' assessed care and safety needs, that set out the organization and scheduling of staff shifts and promoted continuity of care by minimizing the number of different staff members providing care to each resident.

The severity of this issue was determined to be level 2, minimal risk, minimal harm. The scope of the issue was determined to be level 3, widespread. The compliance history was determined to be level 2, previous non-compliance with other sections of the LTCHA.

(640)

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

Nov 29, 2019

**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

**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:

**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

Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

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

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).

**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

**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, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

**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

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)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

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 25th day of September, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Heather Preston

**Service Area Office /**

**Bureau régional de services :** Central West Service Area Office