



**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
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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Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Apr 1, 2019	2019_704682_0007	019263-17, 012429-18	Complaint

Licensee/Titulaire de permis

Foyer Richelieu Welland
655 Tanguay Ave WELLAND ON L3B 6A1

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

Foyer Richelieu Welland
655 Tanguay Avenue WELLAND ON L3B 6A1

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

AILEEN GRABA (682), LISA BOS (683)

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): March 1, 4, 5, 6, 7, 8, 11, 2019.

The following complaint inspections were conducted:

019263-17 related to personal support services, housekeeping, nutrition and hydration, prevention of abuse and neglect, transfer and positioning techniques and communication

012429-18 related to safe and secure home.

The following Critical Incident System inspections were done concurrently with the complaint inspection:

026699-17 related to medication management

026724-17 related to the prevention of abuse and neglect

021583-18 related to the prevention of abuse and neglect

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), Resident Assessment Instrument (RAI) coordinator, registered staff, health care aids (HCA) and residents.

During the course of this inspection, the inspector(s) observed the provision of the care and reviewed clinical health records, investigation notes, staffing schedules, meeting minutes, fire safety and emergency/evacuation plans, training records and policy and procedures.

Stacey Guthrie Inspector #750 was present during the inspection.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Infection Prevention and Control

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Safe and Secure Home



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

Legend	Légende
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).	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.
The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	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.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76 (4). In accordance with O. Reg. 79/10, s. 219 (1) the intervals for the purposes of subsection 76 (4) of the Act are annual intervals.

A) A complaint was reported to the Director. A review of the procedures included a policy, last revised on an identified date. During an interview on an identified date, Acting DOC stated that the procedures were removed from their learning management system. The staff could not provide documentation to support that training had been completed by all staff. During an interview, staff #107 also stated that the procedures were removed. Staff #107 was not able to provide evidence to support annual training procedures to all staff when requested by the Inspector. During an interview on an identified date, the Administrator stated that training had been completed by most staff. The Administrator was not able to provide evidence supporting training for all staff. The home did not ensure that all staff received retraining at annual intervals.

B) On an identified date, Inspector #683 requested training for all staff in the home from the staff #107. They identified that staff watched a video through their learning management system. The Inspector requested documentation that identified all staff in the home received training on the home's policy and staff #107 identified that they believed there was a sign off sheet that was sent around for the staff and indicated that they would follow up with the Inspector. In an interview with the Acting DOC, they provided the Inspector with a memorandum, which identified that the licensee outlined mandatory reporting requirements. The memo did not include the home's policy and there was no documentation that staff read or signed off on the memorandum. The Acting DOC acknowledged that the only training staff received was the video in their



learning management system and that staff did not receive training on the home's policy.

During an interview with staff #107, they acknowledged that they had an identified number of employees registered in their learning management system. They identified that when new staff were hired, the staff training involved the Administrator reviewing mandatory programming and that no additional training was offered to those staff the rest of the year. Staff #107 identified that for casual staff, they requested documentation to show that they completed the required training at another long-term care home and that staff were not asked to bring in the forms yearly to identify that they completed retraining. They acknowledged that all staff may not have completed the mandatory training. In the interview with staff #107, they indicated that they only had a portion of documentation required, but they did not have documentation that new hires or casual staff received that training. On an identified date, staff #107 acknowledged that all staff did not receive annual retraining. [s. 76. (4)]

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 the persons receive training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76 (4). In accordance with O. Reg. 79/10, s. 219 (1) the intervals for the purposes of subsection 76 (4) of the Act are annual intervals, to be implemented voluntarily.

Issued on this 4th day of April, 2019

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



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Original report signed by the inspector.