Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Report Date(s)/ Date(s) du Rapport	Inspection No/ No de l'inspection	Log #/ Registre no	Type of Inspection / Genre d'inspection
Sep 02, 2015;	2015_277538_0017 (A1)	010390-15	Resident Quality Inspection

Licensee/Titulaire de permis

TRI-COUNTY MENNONITE HOMES
200 Boullee St. New Hamburg ON N3A 2K4

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

GREENWOOD COURT
90 GREENWOOD DRIVE STRATFORD ON N5A 7W5

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

Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue durée

NANCY JOHNSON (538) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The compliance order date has been extended from September 4, 2015 to October 12, 2015.

Issued on this 2 day of September 2015 (A1)

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

Original report signed by the inspector.

Ontario

Ministry of Health and Long-Term Care

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90 GREENWOOD DRIVE STRATFORD ON N5A 7W5

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

NANCY JOHNSON (538) - (A1)

Amended Inspection Summary/Résumé de l'inspection modifié

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): June 1, 2, 3, 4, 5, and 9, 2015.

The following inspection was conducted concurrently during this inspection: Log # 008369-15.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Director of Resident Care, a Dietary Aide, a Dental Hygienist, five Registered Nurses, two Registered Practical Nurses, ten Personal Support Workers, three Family members and forty Residents.

The Inspectors toured all resident home areas, the medication room, observed dining service, medication pass, provision of resident care, recreational activities, staff/resident interactions, infection, prevention and control practices, reviewed resident clinical records, posting of required information, relevant policies and procedures, as well as minutes of meetings pertaining to the inspection.

The following Inspection Protocols were used during this inspection:

Accommodation Services - Laundry

Continence Care and Bowel Management

Dining Observation

Falls Prevention

Family Council

Hospitalization and Change in Condition

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Residents' Council

Responsive Behaviours

Skin and Wound Care

Sufficient Staffing

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

10 WN(s)
7 VPC(s)
1 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé 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 has 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.

Previously issued as a Compliance Order on:
October 2, 2012
April 27, 2013
August 5, 2014

Review of the staffing schedules for May 11, 2015 to June 21, 2015 revealed six of the 11p.m. to 7a.m. shifts did not have a Registered Nurse on duty and present in the home.

It is acknowledged that the home is a current member of the Health Force Ontario (HFO) initiative, has advertised in local newspapers, and various websites, and maintains connections with two local colleges for recruitment opportunities. However, in spite of these efforts, the home continues to operate without a Registered Nurse on duty and present at all times.

Interview with the Director of Care confirmed the home did not have a Registered Nurse on duty and present at all times.

Additional Required Actions:

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

WN #2: The Licensee has failed to comply with LTCHA, 2007, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(a) the planned care for the resident; 2007, c. 8, s. 6 (1).
(b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).
(c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee of the home did not ensure that there was a written plan of care for each resident that sets out the planned care for the resident, the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident.

Record review for an identified Resident revealed the Resident uses a Personal Assistive Service Device (PASD) for positioning and safety purposes. The PASD was not included in the written plan of care nor does the plan of care outline the purpose of the use of the PASD, the goals the care intended to achieve and does not provide clear direction to staff.

Staff interviews with two Registered staff and one Personal Support Worker confirmed that the identified Resident uses the PASD at all times. [s. 6. (1)]

2. The licensee has failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary.

A. Record review of the Minimum Data Set (MDS) Quarterly Assessment, for an identified Resident revealed documentation of occasional incontinence of bowel. Review of the progress notes, revealed incontinence of both bowel and bladder at

times. Review of Point of Care (POC), revealed the identified Resident was continent thirteen of fourteen days.

Record review of the current Care Plan revealed "continent of Bowel function and frequently incontinent of Urine."

Interview with a Registered staff confirmed that the plan of care was not reviewed and revised when the Resident's care needs changed or care set out in the plan was no longer necessary.

B. Record review of the Care Plan for an identified Resident confirmed the use of an Personal Assistive Service Device (PSAD).

Observations on two separate occasions revealed that the Resident was not using the Assistive Device.

Interview with the Director of Care (DOC) confirmed that the order for the Assistive Device was discontinued and plan of care was not reviewed and revised when the care set out in the plan was no longer necessary. [s. 6. (10) (b)]

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 there is a written plan of care for each resident that sets out the planned care for the resident, the goals the care is intended to achieve and clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 26. Plan of care

Specifically failed to comply with the following:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:
10. Health conditions, including allergies, pain, risk of falls and other special needs. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has failed to ensure that the plan of care must be based on, at a minimum, an interdisciplinary assessment with respect to the resident's health conditions including pain.

Record review of an identified Resident revealed that medication was ordered for pain. During a specified period the identified Resident complained of pain six times.

Record review of the Minimum Data Set (MDS) Annual Assessment revealed "pain symptoms less than daily and of moderate intensity". The MDS Assessment at a later date revealed "no pain symptoms".

Record review of the Resident's plan of care revealed the absence of goals and interventions related to pain.

Interview with the Director of Care confirmed the absence of pain related goals and interventions in the Resident's plan of care. [s. 26. (3) 10.]

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 plan of care is based on an interdisciplinary assessment with respect to the resident's health conditions including pain, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with LTCHA, 2007, s. 33. PASDs that limit or inhibit movement

Specifically failed to comply with the following:

s. 33. (4) The use of a PASD under subsection (3) to assist a resident with a routine activity of living may be included in a resident's plan of care only if all of the following are satisfied:
1. Alternatives to the use of a PASD have been considered, and tried where appropriate, but would not be, or have not been, effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
2. The use of the PASD is reasonable, in light of the resident's physical and mental condition and personal history, and is the least restrictive of such reasonable PASDs that would be effective to assist the resident with the routine activity of living. 2007, c. 8, s. 33 (4).
3. The use of the PASD has been approved by,
i. a physician,
ii. a registered nurse,
iii. a registered practical nurse,
iv. a member of the College of Occupational Therapists of Ontario,
v. a member of the College of Physiotherapists of Ontario, or
vi. any other person provided for in the regulations. 2007, c. 8, s. 33 (4).
4. The use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent. 2007, c. 8, s. 33 (4).
5. The plan of care provides for everything required under subsection (5). 2007, c. 8, s. 33 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that the use of the PASD has been consented to by the resident or, if the resident was incapable, a substitute decision-maker of the resident with authority to give that consent.

Record review revealed, an identified Resident uses a Therapeutic Device and Personal Assistive Service Device (PASD) for positioning and safety purposes. The clinical record did not include documented evidence of a consent for the use of the Therapeutic Device.

Interview with the Director of Care (DOC) confirmed that consents for the use of a Therapeutic Devices and PASD's are reviewed during the annual multidisciplinary conferences and that in this instance, the consents were not reviewed. [s. 33. (4) 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 use of the PASD has been consented to by the resident or, if the resident is incapable, a substitute decision-maker of the resident with authority to give that consent, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident exhibiting altered skin integrity has been assessed by a registered dietitian who was a member of the staff of the home.

Record review revealed that an identified Resident has an alteration in skin integrity. There was no documented evidence of a dietary referral for the Resident.

Record review of the home's Skin and Wound Program Policy and Procedure dated September, 2014 revealed, "registered staff makes referrals to interdisciplinary team members." when a resident exhibits altered skin integrity.

Staff interview with the Director of Care (DOC) confirmed that the home did not complete a dietary referral. [s. 50. (2) (b) (iii)]

2. The licensee has failed to ensure that residents exhibiting altered skin integrity, be reassessed at least weekly by a member of the registered nursing staff, if clinically indicated.

A. Record review revealed an identified Resident with altered skin integrity had no documented evidence that wound assessments were completed for 15 of 16 weeks.

The Director of Care confirmed it is the home's expectation that Registered Staff complete weekly wound assessments for all residents exhibiting altered skin integrity.

B. Record review for an identified Resident revealed altered skin integrity. Record review for a specified period the period revealed no documented evidence that weekly reassessments were completed for 15 of 21 weeks.

The Director of Care confirmed it was the home's expectation that Registered Staff complete weekly wound assessments for all Residents exhibiting altered skin integrity. [s. 50. (2) (b) (iv)]

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 a resident exhibiting altered skin integrity has been assessed by a registered dietitian who is a member of the staff of the home and ensure that residents exhibiting altered skin integrity, including a pressure ulcer, be reassessed at least weekly by a member of the registered nursing staff, if clinically indicated, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 52. Pain management

Specifically failed to comply with the following:

s. 52. (2) Every licensee of a long-term care home shall ensure that when a resident's pain is not relieved by initial interventions, the resident is assessed using a clinically appropriate assessment instrument specifically designed for this purpose. O. Reg. 79/10, s. 52 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that when the resident's pain was not relieved by initial interventions, the resident was reassessed using a clinically appropriate assessment instrument specifically designed for this purpose.

A. Record review revealed an identified Resident was ordered medication for pain. During a specified period of time, the Resident complained of pain six times.

Record review of the MDS Annual Assessment revealed "pain symptoms less than daily and of moderate intensity." The MDS Assessment at a later date revealed "no pain symptoms."

Record review of the home's Pain Management policy dated May 2015 revealed, Registered Nursing Staff will conduct a pain assessment utilizing a clinically appropriate instrument, when a resident exhibits a change in health status or pain is not relieved by initial interventions. For example the resident: states he/she has pain."

Record review of the clinical record revealed the absence of documentation related to an assessment with a change in pain, or when pain is not relieved by initial interventions and the Resident stated they were in pain.

Interview with the Director of Care confirmed no pain assessments were conducted when there was a change in pain or when pain was not relieved by initial interventions and the Resident states they are in pain.

B. Record review revealed that an identified Resident suffered a change in condition. Pain medication was ordered.

The Resident verbally complained, and voiced pain during transfers and received the medication for pain three times on one specified date and four times on another specified date. There was no documented evidence of a reassessment for pain being completed.

Record review of the home's Pain Management policy dated May 2015 revealed, Registered Nursing Staff will conduct a pain assessment utilizing a clinically appropriate instrument, when a resident exhibits a change in health status or pain is not relieved by initial interventions. For example the resident: states he/she has pain."

Interview with the Director of Care confirmed no pain assessments were conducted when there was a change in status and when the Resident stated they were in pain. [s. 52. (2)]

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 when the resident's pain is not relieved by initial interventions, the resident is reassessed using a clinically appropriate assessment instrument specifically designed for this purpose, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following:

s. 110. (2) Every licensee shall ensure that the following requirements are met where a resident is being restrained by a physical device under section 31 of the Act:
1. That staff only apply the physical device that has been ordered or approved by a physician or registered nurse in the extended class. O. Reg. 79/10, s. 110 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that staff apply physical devices that have been ordered or approved by a physician or registered nurse in the extended class.

Observation on two separate occasions revealed an identified Resident in a therapeutic device. On a third specified date the identified Resident was not in a therapeutic device.

Review of the Clinical record revealed the absence of an order for the therapeutic device.

Interview with the Director of Care (DOC), confirmed that there is no order for the therapeutic device and that the therapeutic device was discontinued. It is the expectation of the home to ensure the device is ordered or approved by a physician or registered nurse in the extended class. [s. 110. (2) 1.]

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 staff apply physical devices that have been ordered or approved by a physician or registered nurse in the extended class, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 111. Requirements relating to the use of a PASD

Specifically failed to comply with the following:

s. 111. (2) Every licensee shall ensure that a PASD used under section 33 of the Act,
(a) is well maintained; O. Reg. 79/10, s. 111. (2).
(b) is applied by staff in accordance with any manufacturer's instructions; and O. Reg. 79/10, s. 111 (2).
(c) is not altered except for routine adjustments in accordance with any manufacturer's instructions. O. Reg. 79/10, s. 111 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the Personal Assistive Service Device (PASD) used under section 33 of the Act, is applied by staff in accordance with the manufacturer's instructions.

Record review revealed that an identified Resident uses a Personal Assistive Service Device (PASD) for positioning and safety purposes.

Resident observations on three separate occasions revealed the resident's PASD was not applied by staff in accordance with the manufacturer's instructions. [s. 111. (2) (b)]

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 PASD used under section 33 of the Act: is applied by staff in accordance with the manufacturer's instructions, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007, s. 57. Powers of Residents' Council

Specifically failed to comply with the following:

s. 57. (2) If the Residents' Council has advised the licensee of concerns or recommendations under either paragraph 6 or 8 of subsection (1), the licensee shall, within 10 days of receiving the advice, respond to the Residents' Council in writing. 2007, c. 8, s. 57.(2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the licensee respond in writing within 10 days of receiving Residents' Council advice related to concerns or recommendations.

Record review of the Residents' Council Minutes for a period of three months revealed documented concerns with no evidence of a response returned in writing within ten days from the Administrator to Residents' Council.

Staff interview with the Director of Resident Services (DRS) revealed that the Residents' concerns were not consistently replied to in writing by the Administrator within ten days.

Director of Resident Services, Director of Care and the Administrator confirmed that the concerns were not documented using the home's Residents' Council Concerns Form and replied to in writing by the Administrator within ten days. [s. 57. (2)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee has failed to ensure that a resident with a change of 5 per cent of body weight, or more, over one month was assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated.

Record review revealed, an identified Resident had a weight loss. The clinical record does not include a reweigh of the resident.

The Registered Dietician completed the Resident's quarterly assessment and did not assess the Resident.

The Director of Care confirmed there was no action taken with respect to this Resident's weight loss. The Resident should have bee reweighed and a referral made to the Registered Dietician. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

Issued on this 2 day of September 2015 (A1)

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

Original report signed by the inspector.

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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 System Accountability and Performance Division
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Name of Inspector (ID #) / Nom de l'inspecteur (No) : NANCY JOHNSON (538) - (A1)

Inspection No. / No de l'inspection : 2015_277538_0017 (A1)

Appeal/Dir# / Appel/Dir#:

Log No. / Registre no. : 010390-15 (A1)

Type of Inspection / Genre d'inspection: Resident Quality Inspection

Report Date(s) / Date(s) du Rapport : Sep 02, 2015;(A1)

Licensee / Titulaire de permis : TRI-COUNTY MENNONITE HOMES
200 Boullee St., New Hamburg, ON, N3A-2K4

LTC Home / Foyer de SLD : GREENWOOD COURT
90 GREENWOOD DRIVE, STRATFORD, ON, N5A-7W5

Ontario

Ministry of Health and Long-Term Care

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

Ministère de la Santé et des Soins de longue durée

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

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

To TRI-COUNTY MENNONITE HOMES, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Linked to Existing Order / Lien vers ordre existant: 2014_263524_0023, CO #001;

Pursuant to / Aux termes de :

LTCHA, 2007, 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).

Order / Ordre :

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

(A1)
The home prepare, submit and implement a plan to ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing home staff of the home is on duty and present in the home at all times to achieve compliance with Reg. 79 10, s. 8. (3).

The plan must include;

1. Recruitment strategies.
2. Strategies to ensure a Registered Nurse is on duty and present in the home.
3. The plan must contain time lines for completion of the actions required and who is accountable for the task.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing Ministry of Health and Long Term Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at nancy.johnson@ontario.ca by June 26, 2015.

Grounds / Motifs :

1. The licensee has failed to ensure that there at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

Previously issued as a Compliance Order on:
October 2, 2012
April 27, 2013
August 5, 2014

Review of the staffing schedules for May 11, 2015 to June 21, 2015 revealed six of the 11 p.m. to 7 a.m. shifts did not have a Registered Nurse on duty and present in the home.

Interview with the Director of Care on June 1, 2015 at 1400 hours revealed that the home is a current member of the Health Force Ontario (HFO) initiative, has advertised in local newspapers, and various websites, and maintains connections with two local colleges for recruitment opportunities. However, despite of these efforts, the home continues to operate the home without a Registered Nurse on duty and present at all times.

The Director of Care confirmed that the home did not have a Registered Nurse on duty and present in the home at all times.
(538)

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

Oct 12, 2015(A1)

Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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 or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance 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 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

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

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance 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.

RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

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

La demande de réexamen doit contenir ce qui suit :

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

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
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

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

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
1075, rue Bay, 11e étage
Toronto ON M5S 2B1
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsarb.on.ca.

Issued on this 2 day of September 2015 (A1)

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : NANCY JOHNSON - (A1)

Service Area Office /
Bureau régional de services : London