



**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 sions de longue durée**

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## **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 #/ Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
Mar 11, 2016;	2016_262523_0002 (A1)	034087-15	Other

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

HANOVER NURSING HOME LIMITED  
700 19TH AVENUE HANOVER ON N4N 3S6

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

HANOVER CARE CENTRE  
700-19TH AVENUE HANOVER ON N4N 3S6

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

ALI NASSER (523) - (A1)

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

**Compliance Date has been amended as per discussion with the Administrator.**



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**Issued on this 11 day of March 2016 (A1)**

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

**Original report signed by the inspector.**



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

ALI NASSER (523) - (A1)

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**The purpose of this inspection was to conduct an Other inspection.**

**This inspection was conducted on the following date(s): January 20, 2016.**

**This inspection is a follow-up to a Director's order issued by Karen Simpson as part of a Director Referral to be complied with by January 11, 2016. Continued noncompliance with s. 8. (3) was found during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care and a Registered Nurse.**

**The inspector(s) also reviewed staffing plan and recruitment initiatives related to this inspection.**

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

**Sufficient Staffing**

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

**1 WN(s)**

**0 VPC(s)**

**1 CO(s)**

**1 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>Legendé</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. 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.



LTCHA, 2007, c.8, s 8.(3) has been the subject of a non-compliance, Written Notification (WN), Voluntary Plan of Correction (VPC) issued November 28, 2013 (Inspection 2013\_171155\_0049).

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued June 27, 2014 (Inspection 2014\_253514\_0018) with a compliance date of September 24, 2014.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued October 31, 2014 (Inspection 2014\_253514\_0029) with a compliance date of February 2, 2015.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued March 13, 2015 (Inspection 2015\_182128\_0003) with a compliance date of June 30, 2015.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Director Referral (DR) #001 issued on August 12, 2015 (Inspection 2015\_259520\_0020) with a compliance date of January 11, 2016.

A Written Notification (WN) and Director Order (DO) were issued on November 27, 2016 related to the Director's Referral (DR) with a compliance date of January 11, 2016.

A review of the registered nursing staff schedules of 12 hour shifts from January 11, 2016 - March 5, 2016, revealed that on 19 out of 110 shifts at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was not on duty and present at all times. Those 19 shifts were covered by registered staff from a contracted service provider. This was confirmed by the Administrator staff # 100 and Acting Director of Care (ADOC) staff # 101.

The Administrator staff # 100 and ADOC staff # 101 indicated in an interview that they currently have three full time and three part time registered staff members.

They confirmed that they recently recruited two part time registered nurses that will start in mid February.

They both expected that the home will be self-sufficient in coverage starting March 2016.



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The Administrator and ADOC confirmed that they will continue with the documented recruitment strategies to ensure that the home will have 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. [s. 8. (3)]

***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**

***DR # 001 – The above written notification is also being referred to the Director for further action by the Director.***



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**Issued on this 11 day of March 2016 (A1)**

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

**Original report signed by the inspector.**





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**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

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

**Nom de l'inspecteur (No) :** ALI NASSER (523) - (A1)

**Inspection No. /**

**No de l'inspection :** 2016\_262523\_0002 (A1)

**Appeal/Dir# /**

**Appel/Dir#:**

**Log No. /**

**Registre no. :** 034087-15 (A1)

**Type of Inspection /**

**Genre d'inspection:** Other

**Report Date(s) /**

**Date(s) du Rapport :** Mar 11, 2016;(A1)

**Licensee /**

**Titulaire de permis :** HANOVER NURSING HOME LIMITED  
700 19TH AVENUE, HANOVER, ON, N4N-3S6

**LTC Home /**

**Foyer de SLD :** HANOVER CARE CENTRE  
700-19TH AVENUE, HANOVER, ON, N4N-3S6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** BRENDA WEPLER

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

To HANOVER NURSING HOME LIMITED, you are hereby required to comply with the following order(s) by the date(s) set out below:

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<b>Order # / Ordre no :</b> 001	<b>Order Type / Genre d'ordre :</b> Compliance Orders, s. 153. (1) (a)
<b>Linked to Existing Order / Lien vers ordre existant:</b>	2015_182128_0003, 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 :**

The licensee 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.

**Grounds / Motifs :**

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.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a non-compliance, Written Notification (WN), Voluntary Plan of Correction (VPC) issued November 28, 2013 (Inspection 2013\_171155\_0049).

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued June 27, 2014 (Inspection 2014\_253514\_0018) with a compliance date of September 24, 2014.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued October 31, 2014



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(Inspection 2014\_253514\_0029) with a compliance date of February 2, 2015.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Compliance Order (CO) #001 issued March 13, 2015 (Inspection 2015\_182128\_0003) with a compliance date of June 30, 2015.

LTCHA, 2007, c.8, s 8.(3) has been the subject of a previous non-compliance, Written Notification (WN), Director Referral (DR) #001 issued on August 12, 2015 (Inspection 2015\_259520\_0020) with a compliance date of January 11, 2016. A Written Notification (WN) and Director Order (DO) were issued on November 27, 2016 related to the Director's Referral (DR) with a compliance date of January 11, 2016.

A review of the registered nursing staff schedules of 12 hour shifts from January 11, 2016 - March 5, 2016, revealed that on 19 out of 110 shifts at least one registered nurse who was an employee of the licensee and a member of the regular nursing staff was not on duty and present at all times. Those 19 shifts were covered by registered staff from a contracted service provider. This was confirmed by the Administrator staff # 100 and Acting Director of Care (DOC) staff # 101.

The Administrator staff # 100 and ADOC staff # 101 indicated in an interview that they currently have three full time and three part time registered staff members. They confirmed that they recently recruited two part time registered nurses that will start in mid February.

They both expected that the home will be self-sufficient in coverage starting March 2016.

The Administrator and ADOC confirmed that they will continue with the documented recruitment strategies to ensure that the home will have 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.

The scope of this issue was a pattern as 17% of the shifts reviewed indicated the home did not have 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. There was a history of non-compliance with this regulation and has been issued as a Written Notification (WN), Voluntary Plan of Correction (VPC), Compliance Order (CO) and a Director Referral (DR) on several occasions. The severity was



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determined to be a level 2 with the potential for risk of harm by the absence of a registered nurse who is an employee of the licensee and a member of the regular nursing staff. (523)

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

Apr 04, 2016(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 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 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  
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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 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  
Inspection 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



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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  
Inspection 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

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](http://www.hsarb.on.ca).

**Issued on this 11 day of March 2016 (A1)**

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

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

**Service Area Office /  
Bureau régional de services :** London