



**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 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**

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<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>
Jun 26, 2017	2017_556168_0022	013959-16, 010194-17	Complaint

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**Licensee/Titulaire de permis**

2063414 ONTARIO LIMITED AS GENERAL PARTNER OF 2063414 INVESTMENT LP  
302 Town Centre Blvd., Suite #200 TORONTO ON L3R 0E8

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

Fox Ridge Care Community  
389 WEST STREET BRANTFORD ON N3R 3V9

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

LISA VINK (168)

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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): June 23, 2017.**

**The following complaint inspections were conducted:**

**013959-16 - related to nursing and personal support services**

**010194-17 - related to authorization for admission to a home.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), registered nursing staff and the Director of Resident and Family Relations.**

**During the course of the inspection. the inspector: reviewed staffing schedules, daily staffing sheets, the nursing contingency plan and the evaluation of the staffing plan and reviewed applications for admission.**

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

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

**2 WN(s)**

**0 VPC(s)**

**0 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>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.O. 2007, c.8, s. 8. Nursing and personal support services**

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

**s. 8. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).**

**Findings/Faits saillants :**

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

Foxridge Care Community is a long term care home with a licensed capacity of 122 beds.

The Administrator verified the staffing pattern for the home included at least one Registered Nurse (RN), not including the DOC, on duty and present at all times, in addition to a mix of Registered Practical Nurses (RPNs) and Personal Support Workers to meet the needs of residents.

Interview with the DOC identified that currently the home has a sufficient number of RNs on staff to achieve their staffing plan.

The DOC confirmed that there were occasions, when due to illness or other time off requests, that the home had not been able to fill vacant RN shifts.

According to the DOC the home consistently offered additional shifts and overtime to their RNs to fill vacant shifts; however, when the RNs were unwilling or unable to work, the home operated without an RN in the building; however, had an additional RPN on shift and the DOC on call.

It was identified by the Administrator that the home does not utilize the services of nursing agencies to fill vacant shifts.

The Registered Nurses Staffing Schedules were provided from December 29, 2016, until June 14, 2017, on request.

A review of the schedules indicated that over the identified time period there were 19 occasions where there was no RN in the home, which was confirmed by the DOC.

The DOC identified that there was a period when one of the regular RNs was off on an extended leave and the home was not able to replace the vacant shifts that this created.

The home did not ensure that there was at least one registered nurse who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times. [s. 8. (3)]

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**WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 44. Authorization for admission to a home**



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

- s. 44. (7) The appropriate placement co-ordinator shall give the licensee of each selected home copies of the assessments and information that were required to have been taken into account, under subsection 43 (6), and the licensee shall review the assessments and information and shall approve the applicant's admission to the home unless,**
- (a) the home lacks the physical facilities necessary to meet the applicant's care requirements; 2007, c. 8, s. 44. (7).**
  - (b) the staff of the home lack the nursing expertise necessary to meet the applicant's care requirements; or 2007, c. 8, s. 44. (7).**
  - (c) circumstances exist which are provided for in the regulations as being a ground for withholding approval. 2007, c. 8, s. 44. (7).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that following a review of the assessments and information they approved the applicant's admission to the home unless, the home lacked the physical facilities necessary to meet the applicant's care requirements or the staff of the home lacked the nursing expertise necessary to meet the applicant's care requirements.

Applicant #100 applied for admission to the home through the Community Care Access Centre (CCAC).

The application was received and reviewed by members of the management team at the home.

In 2017, a letter was sent to the applicant which identified that the home withheld the approval of the application as they did not have the necessary resources to meet the applicant's needs. The letter outlined that the home lacked the physical facilities necessary to meet the applicant's care needs based on a smoking assessment.

Interview with the Director of Resident and Family Relations confirmed that the home did not approve the applicant's admission to the home.

Interview with the Administrator confirmed that the current resident population included residents who smoked; however, identified that at the present time the home was not able to manage another resident with this need.

The information outlined in the Withholding Admission Letter was not an acceptable reason to withhold the applicant. [s. 44. (7)]



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**Issued on this 26th day of June, 2017**

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

**Original report signed by the inspector.**