Ontario

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

Toronto Service Area Office
5700 Yonge Street 5th Floor
TORONTO ON M2M 4K5
Telephone: (416) 325-9660
Facsimile: (416) 327-4486

Bureau régional de services de Toronto
5700, rue Yonge 5e étage
TORONTO ON M2M 4K5
Téléphone: (416) 325-9660
Télécopieur: (416) 327-4486

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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Jul 22, 2019	2019_759502_0017	008533-19	Complaint

Licensee/Titulaire de permis

2063414 Ontario Limited as General Partner of 2063414 Investment LP
302 Town Centre Blvd. Suite 300 MARKHAM ON L3R 0E8

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

Norfinch Care Community
22 Norfinch Drive NORTH YORK ON M3N 1X1

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

JULIENNE NGONLOGA (502)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): June 27, 28, and July 03, 2019.

A complaint intake log #008533-19, related to staffing.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), Director of Care (DOC), Nurse Managers (NM), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aides, the residents, and family member of the resident.

The inspectors conducted observations of staff and resident interactions, provision of care, record review of residents and home records, staffing schedules and relevant policies and procedures.

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)**
- **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	Légende 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 O.Reg 79/10, s. 31. Nursing and personal support services

Specifically failed to comply with the following:

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 has failed to ensure that the staffing plan provided for a staffing mix that was consistent with assessed residents' care and safety needs.
A complaint was submitted to the Director on an identified date related to the level of staff for a specified care.
The complainant stated that on an identified month in 2019, the home reduced personal support workers (PSWs) from four to three during identified shifts on specified care units. The complainant indicted that the change affected the residents specified care as they observed a PSW transfer a resident unassisted using the mechanical lift. They reported that incident to nurse manager (NM) #110.

A review of the home's staffing assignment from an identified period indicated that the home had scheduled three PSWs for the first part of an identified shift on three identified units.

A) Observation completed on an identified dated and time indicated that a specified meal service on four identified units started 10, 15, 20 and 30 minutes, respectively, after the scheduled time.

Resident #009 told Inspector #502 that in the past two months the specified meal starts around 0900hrs or later, and they would not let the residents get beverage or cereal at the servery, which is frustrating.
Resident #010 told Inspector #502 at 0850 hrs that they were hungry, and they are not allowed to request any breakfast items at the servery.

In separate interviews with dietary aides (DA) #110 and #112, they stated that the breakfast is scheduled to start at 0830 hrs, however from an identified date, the home has changed from four to three PSWS between the identified hours and so the breakfast usually starts around 0900hrs. The dietary aides indicated that they were not allowed to provide beverage or cereal to the residents unless staff were present to supervise them. DA #110 indicated that a late breakfast has also delayed the morning snack. Some residents refuse snacks as it is too close to when they had their breakfast. DA #110 further indicated they often were not able to take their break when breakfast starts at 0900 hrs.

In separate interviews, PSWs #108, #109 indicated that since the home reduced the number of PSWs from four to three during the identified time, they are not able to provide required morning care to all their assigned residents before the breakfast service at 0830 hrs. With the assistance of RPN and RN, they start the breakfast around 0900 hrs daily.

B) On an identified date, at an identified time, Inspector #502 observed resident #002 in bed as they were waiting for PSWs to provide morning care. The resident requires the assistance of two staff for care and all transfers.

A review of physician order indicated that resident #002 requires two identified medications to be administered at 0800 and 0830 hrs.

Review of resident #002 electronic medical record (eMAR) on an identified date, it was documented that the both identified medications were not administered until 1019 hrs.

Review of resident #002's specified clinical test result at an identified time for the for an identified month in 2019 indicated that on seven identified dates the resident's test revealed lower than normal results.

A review of physician order indicated that resident #007 requires an identified medication to be administered in the morning at 0800.

Review of resident #007's electronic medical record (eMAR) on an identified date, it was documented the medication was administered at 0959 hrs.

In an interview, registered practical nurse (RPN) #113 indicated resident #002 required the two specified medications to be administered at an identified time, but they had administered them back-to-back two hours after the prescribed administration time for the first identified medication, and one and half hours after the prescribed administration time for the second identified medication. RPN #113 stated that current staff level does not meet the residents care need in the morning.

In an interview, RPN #114 stated that since the change from four to three PSWs in the morning, they have delayed the identified medication administration time because they had to assist with the resident's transfer, transport the residents to the dining room for the identified meal and start the meal service while PSWs continue to provide specified care to other residents. As a result, resident #007's identified medication was administered two hours after the prescribed administration time.

In an interview, NM #110 stated that the residents who have been ordered specified medication should get the identified meal first on time and then the specified medication. In case the identified meal mentioned above is served late, there is risk for the specified test results to drop below the normal range as per the best practice guidelines.

NM #110 indicated that the current staffing mix was not consistent with the resident's care needs as the meal service identified above was not started as per schedule. The NM further stated that having only three PSWs for specified care puts residents at risk as the registered nurses must put the medication administration on hold to help PSWs with transfers, morning care, and breakfast service.

In a joint interview, director of care (DOC) and executive director (ED) stated that PSWs are expected to provide specified care before the meal service identified above. They indicated that they shadowed the PSWs and they were aware that PSWs were struggling to meet the care needs of their assigned residents at specified time. Both ED and DOC acknowledged that the current staffing needs were not consistent with the resident's care needs. [s. 31. (3)]

Additional Required Actions:

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

Issued on this 23rd day of July, 2019

[redacted]

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

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

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

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	JULIENNE NGONLOGA (502)
Inspection No. / No de l'inspection :	2019_759502_0017
Log No. / No de registre :	008533-19
Type of Inspection / Genre d'inspection:	Complaint
Report Date(s) / Date(s) du Rapport :	Jul 22, 2019
Licensee / Titulaire de permis :	2063414 Ontario Limited as General Partner of 2063414 Investment LP 302 Town Centre Blvd., Suite 300, MARKHAM, ON, L3R-0E8
LTC Home / Foyer de SLD :	Norfinch Care Community 22 Norfinch Drive, NORTH YORK, ON, M3N-1X1
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	Gajany Sivalingam

Ontario

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

To 2063414 Ontario Limited as General Partner of 2063414 Investment LP, 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) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, 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;
(b) set out the organization and scheduling of staff shifts;
(c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;
(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
(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).

Order / Ordre :

The licensee must be compliant with O.Reg 79/10, s. 31. (3).

Specifically the license must:

a) Ensure that staffing level on units 1A, 2B, and 3B is consistent with residents care needs for the morning care,

b) Ensure that residents are provided with required morning care and assisted to the dining room before 0830 hrs for their breakfast,

c) Ensure a full breakfast is available to residents up to at least 0830 hours, and

d) Ensure the morning medication administration is administered to residents in accordance with the directions for use specified by the prescriber.

Grounds / Motifs :

1. The licensee has failed to ensure that the staffing plan provided for a staffing

mix that was consistent with assessed residents' care and safety needs.

A complaint was submitted to the Director on an identified date related to the level of staff for a specified care.
The complainant stated that on an identified month in 2019, the home reduced personal support workers (PSWs) from four to three during identified shifts on specified care units. The complainant indicted that the change affected the residents specified care as they observed a PSW transfer a resident unassisted using the mechanical lift. They reported that incident to nurse manager (NM) #110.

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able to provide required morning care to all their assigned residents before the breakfast service at 0830 hrs. With the assistance of RPN and RN, they start the breakfast around 0900 hrs daily.

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Review of resident #007's electronic medical record (eMAR) on an identified date, it was documented the medication was administered at 0959 hrs.

In an interview, registered practical nurse (RPN) #113 indicated resident #002 required the two specified medications to be administered at an identified time, but they had administered them back-to-back two hours after the prescribed administration time for the first identified medication, and one and half hours after the prescribed administration time for the second identified medication. RPN #113 stated that current staff level does not meet the residents care need in the morning.

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the dining room for the identified meal and start the meal service while PSWs continue to provide specified care to other residents. As a result, resident #007's identified medication was administered two hours after the prescribed administration time.

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The severity of this issue was determined to be a level 3 as actual risk to the residents. The scope of the issue was a level 3 as all three units with reduced number of PSWs in the morning were affected. The home had a level 2 compliance history as previous finding of non-compliances with a different subsection were issued. As such, a Compliance Order is warranted. (502)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Aug 12, 2019

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:

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.

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

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 revision 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.

Issued on this 22nd day of July, 2019

Signature of Inspector /
Signature de l'inspecteur :

Name of Inspector /
Nom de l'inspecteur : Julienne NgoNloga

Service Area Office /
Bureau régional de services : Toronto Service Area Office