



**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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Nov 22, 2018	2018_671684_0025	014622-18, 026403- 18, 027607-18	Complaint

Licensee/Titulaire de permis

Huntsville Long Term Care Centre Inc.
c/o Jarlette Health Services 5 Beck Boulevard PENETANGUISHENE ON L9M 1C1

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

Muskoka Landing
65 Rogers Cove Drive HUNTSVILLE ON P1H 2L9

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

SHELLEY MURPHY (684)

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): November 5-9, 2018, and November 13-16, 2018.

The following intakes reported to the Director were inspected during this Complaint Inspection:

One log related to sufficient staffing and falls prevention;

One log, related to Resident Bill of Rights, and;

One log related to continence care and management.

A Follow Up Inspection #2018_671684_0024, and a Critical Incident Inspection #2018_671684_0026, were conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Acting Director of Care (DOC), Staff Educator/Unit Coordinator, Maintenance Manager, Restorative Care Coordinator, Physiotherapist, Registered Nurse Team Lead with Behaviour Support Services (BSS), Community Support Worker with Behaviour Support Services, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents and their families.

The Inspector also conducted daily tours of the resident care areas, observed provision of care and services to residents, reviewed relevant licensee policies, procedures, programs, and resident health care records.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Dignity, Choice and Privacy

Prevention of Abuse, Neglect and Retaliation

Sufficient Staffing



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

3 WN(s)
2 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. 6.
Plan of care**

Specifically failed to comply with the following:

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 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 changed or care set out in the plan was no longer necessary.

A complaint was submitted to the Director on a specified day in 2018, related to the failure to provide continence care for resident #002.

Inspector #684 reviewed the current resident care plan which indicated specific interventions related to continence care.

During staff interviews with Personal Support Worker (PSW) #111 and PSW #118, they both informed Inspector #684 that the majority of the time resident #002 refused the interventions that were identified in the resident care plan and they preferred to receive care in another manner.

Inspector #684 interviewed RPN #117 regarding the continence regime for resident #002. RPN #117 stated resident #002 self-directs their care. RPN #117 identified that PSWs went in and asked if resident #002 required the continence care interventions performed as identified in the care plan and resident #002 then decided whether or not they want to receive continence care as identified in the care plan. RPN #117 stated they had seen care provided different ways to resident #002. RPN #117 stated the piece that was missing in the care plan was asking resident #002 if they would like to use the continence interventions identified or not.



Inspector reviewed facility policy: Resident Rights, Care and Services-Plan of Care last revised March 13, 2018, which stated "Care shall be provided to the resident as specified in the plan of care." Under Procedure for the PSW the policy identified: "Promptly notify Registered Staff of any change that prevents care from being provided as planned so that the plan of care may be updated."

During an interview with the Acting Director of Care (DOC), Inspector #684 reviewed resident #002's current care plan for continence care. The Acting DOC stated they were not aware that the resident was refusing to have care provided as the care plan indicated. Inspector #684 informed the Acting DOC that the PSW staff informed Inspector #684 that majority of the time resident #002 refused the continence care as per their care plan and that they provide care in another manner to resident #002. The Acting DOC agreed that there were gaps in the care plan for resident #002.

Inspector #684 interviewed the Administrator regarding continence care for resident #002. Together the Inspector and Administrator reviewed the current care plan and the administrator agreed that the care plan should have indicated to offer resident #002 a choice for their continence care. [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 residents are 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, to be implemented voluntarily.

WN #2: 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 has failed to ensure that at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

A complaint was submitted to the Director on a specified date in 2018, related to not having a registered nurse (RN) in the facility.

Inspector #684 reviewed the staffing plan, which indicated there was to be one RN on the day, evening and night shift.

The RN schedule was also reviewed for two months in 2018. Inspector #684 noted that 14 day shifts, 21 evening shifts, and 27 night shifts were filled by agency RNs. Further review of a more current staffing schedule showed 3 day shifts, 8 evening shifts and 29 night shifts were filled by agency RNs.

Inspector #684 reviewed regulation 45 (1) 2. For homes with licensed bed capacity of more than 64 beds and fewer than 129 beds,

i) in the case of a planned or extended leave of absence of an employee of the licensee who is a registered nurse and a member of the regular nursing staff, a registered nurse who works at the home pursuant to a contract or agreement with the licensee and who is a member of the regular nursing staff may be used.

ii) in the case of an emergency where the back up plan referred to in clause 31(3) (d) of this Regulation fails to ensure that the requirement under subsection 8 (3) of the Act is met, a registered nurse who works at the home pursuant to a contract or agreement

between the licensee and an employment agency or other third party may be used if,

A) the Director of Nursing and Person Care or a registered nurse who is both an employee of the licensee and a member of the regular nursing staff is available by telephone, and

B) a registered practical nurse who is both an employee of the licensee and a member of



the regular nursing staff is on duty and present in the home.
This long term care home does fall under the exceptions noted in Regulation 45.

Inspector #684 was provided the RN/RPN schedule from a specific month in 2018. The RN schedule reflected that a RN employed by the facility was not booked to work night shift during this time frame.

A handwritten agency schedule provided to Inspector #684 for the same two week period of time in 2018, showed that agency staff had been pre-booked to fill the RN staffing vacancies identified in the schedule for 2018, there was a note at the bottom of the written document that stated for one specific date- "calls to agency not made at this time".

Inspector #684 interviewed the Administrator and asked why are RN shifts being filled by agency RN staff. They stated that they had no RN applicants, and were advertising but there were no resumes. [s. 8. (3)]

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 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, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 3. Residents' Bill of Rights

Specifically failed to comply with the following:

s. 3. (1) Every licensee of a long-term care home shall ensure that the following rights of residents are fully respected and promoted:

8. Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs. 2007, c. 8, s. 3 (1).



Findings/Faits saillants :

1. The licensee has failed to ensure that the rights of residents were fully respected and promoted: Every resident had the right to be afforded privacy in treatment and in caring for his or her personal needs.

A complaint was submitted to the Director on a specified date in 2018, related to the Bill of Rights and the lack of privacy provided to resident #003.

During a review of the Maintenance Repair requests, it was noted on a specified date in 2018, that resident #003 needed a specific piece of equipment for their privacy. The following day under comments "On Order" was written on the Maintenance Repair request form. Greater than a month later there was another entry asking when the privacy equipment will be repaired. Four days after the request under the comments it stated "Replaced".

Inspector #684 interviewed PSW #103, who stated they worked with resident #003 during the months when the equipment was broken. PSW #103 indicated that the piece of equipment was broken for at least two months. PSW #103 indicated that nothing was put in place to provide privacy while the equipment was broken and when they were providing care to the resident they would try to position their body in front of the resident to provide privacy.

Inspector #684 reviewed the policy Resident Rights, Care and Services- Residents Bill of Rights effective date 2015-07-21, #8 stated "Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs."

During an interview held with the Administrator, Inspector #684 asked about resident #003 being afforded privacy while care is being provided, to which they replied they would agree something should have been in place to provide privacy. [s. 3. (1) 8.]



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Issued on this 5th day of December, 2018

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

Original report signed by the inspector.