



**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*

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

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

The written request for review must be served
personally, by registered mail or by fax upon:
Director
c/o Appeals Clerk
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

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	LAUREN TENHUNEN (196)
Inspection No. / No de l'inspection :	2011_104196_0011
Type of Inspection / Genre d'inspection:	Critical Incident
Date of Inspection / Date de l'inspection :	Oct 25, 26, 31, Nov 1, 2, 4, 7, 8, 9, 10, Dec 2, 5, 9, 28, 2011; Jan 23, 24, 27, 2012
Licensee / Titulaire de permis :	BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA 1220 Valley Drive, KENORA, ON, P9N-2W7
LTC Home / Foyer de SLD :	NORTHWOOD LODGE 51 Highway 105, P.O. Box 420, RED LAKE, ON, P0V-2M0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	DORIS COGHILL

To BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA, you are hereby required to comply with the following order(s) by the date(s) set out below:



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

Order # / Ordre no : 901 Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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 prepare, submit and implement a plan for achieving compliance with s. 8 (3). The compliance plan shall include how the licensee will ensure that the home is staffed by at least one registered nurse, on duty and present in the home at all times.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2 or by fax at 1-807-343-7567 on or before January 16, 2012. Full compliance with this order shall be by June 30, 2012.

Grounds / Motifs :

- 1. The licensee of a long-term care home failed 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.
2. Inspector #196 conducted an entrance interview on October 24, 2011 at 1530hrs with the administrator of the home. The administrator stated "the home has difficulty finding registered staff to cover all shifts and at times we do not have an RN in the building but one would be available by telephone for emergencies".
3. Inspector #196 reviewed the registered nursing staff schedule for the upcoming time period of October 25 to Oct. 30, 2011, as provided by the administrator. The administrator had circled and identified six shifts for this same time period that would not have a RN working and present in the home and stated "that on average there are seven to eight, eight hour shifts every week that do not have RN coverage".
4. Inspector #196 interviewed a registered staff member on October 25, 2011 at 1625hrs. They stated "after 1700hrs today there would not be a Registered Nurse working in the building until the next shift started at 2300hrs". (196)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Feb 17, 2012

changed to June 30, 2012 J.T. #196

Order # / Ordre no : 902 Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :



**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

LTCHA, 2007 S.O. 2007, c.8, s. 73. Every licensee of a long-term care home shall ensure that all the staff of the home, including the persons mentioned in sections 70 to 72,

- (a) have the proper skills and qualifications to perform their duties; and
- (b) possess the qualifications provided for in the regulations. 2007, c. 8, s. 73..

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance with s. 73. The compliance plan shall include how the licensee will ensure that the staff of the home have the proper skills and qualifications to perform their duties and meet the qualifications provided for in the regulations. Specifically, the licensee shall include how it will ensure staff hired in the capacity of Personal Support Workers, staff hired in the capacity of designated lead for the recreational and social activities program and staff hired in the capacity of staff members providing recreational and social activities in the home, have the qualifications as identified in the regulations.

This plan must be submitted in writing to Inspector Lauren Tenhunen at 189 Red River Road, Suite 403, Thunder Bay, ON P7B 1A2 or by fax at 1-807-343-7567 on or before January 16, 2012. Full compliance with this order shall be by June 30, 2012.

Grounds / Motifs :



**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*

1. The licensee has not ensured that all staff of the home have the proper skills and qualifications to perform their duties and meet the qualifications provided for in the regulations.
2. The licensee of a long-term care home has not ensured that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). [O. Reg. 79/10, s. 47 (1)]
3. From September 22, 2011 to October 17, 2011, the home has hired six staff to provide personal support services to residents. The administrator provided a list of these new hires and made notations beside their names whether or not they held a certificate as a Personal Support Worker. None of the named employees have a certificate as a Personal Support Worker. The administrator noted that they have all signed an agreement with the licensee that they will obtain the PSW certificate within five years from their hire date. The administrator also stated that it is difficult for these people to get the required training as a personal support worker as there is no training program in this community and only recently it has been offered on-line with a community college. These new hires are required to sign a "contract" with the home indicating that they will complete personal support worker program within five years of hire. It is titled "Condition of Employment" and lists subsection 47 of O.Reg.79/10.
4. Inspector #196 conducted an interview with a newly hired staff member on October 25, 2011 at 1215hrs. This staff member stated that they are employed as a Personal Support Worker and was hired by the home one month ago. They also stated that they "do not have a certificate as a Personal Support Worker and that the administrator has spoken to me about taking the course online".
5. Inspector #196 conducted an interview with a PSW on Oct. 25, 2011 at 1600hrs. This staff member stated "was hired a week ago and had one day of classroom orientation covering information about fire drills, MRSA videos, ulcers, review of different codes, lifts and lots of other information". Stated has completed 8 shifts paired with another staff member, does not have a certificate as a PSW, and is not currently enrolled in a program. Also told the inspector, that within 5 years they have to get that course done.
6. Inspector #196 interviewed a PSW on Oct. 25, 2011 at 1610hrs. This staff member stated that "I was hired around Oct. 15, 2011 and that I do not have a certificate as a PSW". Also stated that they "plan to enroll in the PSW program in the near future".
7. Inspector #196 interviewed a staff member from the activation program in the home. This staff member told the inspector that they have a certificate as a PSW, they "have been doing the full time activation programs (5 hours daily) since spring of 2011" and that they "do not have any training in recreational therapy, and has not taken any courses relating to this". [O.Reg.79/10,s.66(1)(2)(a)].
8. An employee told the inspector that there is a replacement staff member in the activation program for those days that it is required. According to this staff member, this other employee does not have any recreation therapy training and is not a PSW. [O.Reg.79/10,s.67(1)(a)]. (196)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Feb 17, 2012

*changed to June 30, 2012
St. #196*



**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

REVIEW/APEAL 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: ax upon:

Director
c/o Appeals Clerk
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

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

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
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.



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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.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
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

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 :

The written request for review must be served personally, by registered mail or by fax upon:

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

Director
c/o Appeals Clerk
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

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 27th day of January, 2012

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

Lauren Tenhunen #196.

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

Lauren Tenhunen

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

Sudbury Service Area Office



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

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

Sudbury Service Area Office
159 Cedar Street, Suite 603
SUDBURY, ON, P3E-6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de Sudbury
159, rue Cedar, Bureau 603
SUDBURY, ON, P3E-6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

Public Copy/Copie du public

Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Oct 25, 26, 31, Nov 1, 2, 4, 7, 8, 9, 10, Dec 2, 5, 9, 28, 2011; Jan 23, 24, 27, 2012	2011_104196_0011	Critical Incident

Licensee/Titulaire de permis

BOARD OF MANAGEMENT OF THE DISTRICT OF KENORA
1220 Valley Drive, KENORA, ON, P9N-2W7

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

NORTHWOOD LODGE
51 Highway 105, P.O. Box 420, RED LAKE, ON, P0V-2M0

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

LAUREN TENHUNEN (196)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Critical Incident inspection.

During the course of the inspection, the inspector(s) spoke with Administrator, Assistant Director of Care (ADOC), Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Activation Coordinator, Residents and Families.

During the course of the inspection, the inspector(s) conducted a tour of the home, observed the provision of care and services to residents of the home, reviewed the resident's health care records, the internal incident reports, the critical incident reports sent to the Ministry of Health and Long-Term Care (MOHLTC), falls prevention and management program, policies and procedures related to the activation program and safety of residents, reviewed staffing patterns and schedules.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Recreation and Social Activities

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

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	Legende 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.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

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 of a long-term care home failed 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.
2. Inspector #196 conducted an entrance interview on October 24, 2011 at 1530hrs with the administrator of the home. The administrator stated that "the home has difficulty finding registered staff to cover all shifts and at times we do not have an RN in the building but one would be available by telephone for emergencies".
3. Inspector #196 reviewed the registered nursing staff schedule for the upcoming time period of October 25 to Oct. 30, 2011, as provided by the administrator. The administrator had circled and identified six shifts for this same time period that would not have a RN working and present in the home. The administrator stated "that on average there are seven to eight, eight hour shifts every week that do not have RN coverage".
4. Inspector #196 interviewed a registered staff member on October 25, 2011 at 1625hrs. They stated "after 1700hrs today there would not be a Registered Nurse working in the building until the next shift started at 2300hrs".

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 49. Falls prevention and management

Specifically failed to comply with the following subsections:

s. 49. (1) The falls prevention and management program must, at a minimum, provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids. O. Reg. 79/10, s. 49 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that their falls prevention and management program has strategies to reduce and mitigate falls, including monitoring of residents at risk for falls.
2. Inspector #196 reviewed the care plan entries for resident #1 for falls prevention. It included the intervention of "increased monitoring" in order to prevent falls and to decrease the number of falls. The care plan for resident #2 also had an intervention of "Health Care Aides to monitor safety at least hourly or more if assessed" with the goal to reduce the number of falls.
3. Inspector #196 interviewed a staff member on Oct. 26, 2011. This staff member stated that "there is no place for the staff to record the monitoring of residents that are at risk for falls" and told the inspector that "staff look in as they go by".
4. Inspector #196 interviewed the administrator on Oct. 26, 2011. The administrator stated that they were "unsure of where staff document that hourly checks of residents were done" and referred to the flowsheets and stated they "may not have an area to mark it".
5. Inspector #196 observed on Oct. 26, 2011 at 1600hrs that a "hourly checklist" form had been placed in the flowsheet binder for those residents deemed high-risk for falls including resident #1 and resident #2. However no such "hourly checklist" form was in place prior to this time. There were no initials of staff noted on these "hourly checklist" forms and a staff member stated to the Inspector that these "hourly checklist" forms were "new".

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 subsections:

s. 26. (3) A plan of care must be based on, at a minimum, interdisciplinary assessment of the following with respect to the resident:

1. Customary routines.
2. Cognition ability.
3. Communication abilities, including hearing and language.
4. Vision.
5. Mood and behaviour patterns, including wandering, any identified responsive behaviours, any potential behavioural triggers and variations in resident functioning at different times of the day.
6. Psychological well-being.
7. Physical functioning, and the type and level of assistance that is required relating to activities of daily living, including hygiene and grooming.
8. Continence, including bladder and bowel elimination.
9. Disease diagnosis.
10. Health conditions, including allergies, pain, risk of falls and other special needs.
11. Seasonal risk relating to hot weather.
12. Dental and oral status, including oral hygiene.
13. Nutritional status, including height, weight and any risks relating to nutrition care.
14. Hydration status and any risks relating to hydration.
15. Skin condition, including altered skin integrity and foot conditions.
16. Activity patterns and pursuits.
17. Drugs and treatments.
18. Special treatments and interventions.
19. Safety risks.
20. Nausea and vomiting.
21. Sleep patterns and preferences.
22. Cultural, spiritual and religious preferences and age-related needs and preferences.
23. Potential for discharge. O. Reg. 79/10, s. 26 (3).

Findings/Faits saillants :

1. The licensee has not ensured that the plan of care is based on an interdisciplinary assessment of the resident's activity patterns and pursuits [O.Reg.79/10,s.26.(3)16].
2. It was identified, through a telephone inquiry relating to a Critical Incident that was submitted to the Ministry of Health and Long-Term Care, that a resident spends most of their time in their room watching TV or visiting family.
3. During inspection, it was determined that the "activation profile" which would identify the interests, activity patterns and pursuits of this resident was not completed.
4. A staff member confirmed that the "resident activation profile" is the tool that is used to document the assessment of the resident's interests, activity patterns and pursuits.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 65. Recreational and social activities program
Specifically failed to comply with the following subsections:

- s. 65. (2) Every licensee of a long-term care home shall ensure that the program includes,**
- (a) the provision of supplies and appropriate equipment for the program;
 - (b) the development, implementation and communication to all residents and families of a schedule of recreation and social activities that are offered during days, evenings and weekends;
 - (c) recreation and social activities that include a range of indoor and outdoor recreation, leisure and outings that are of a frequency and type to benefit all residents of the home and reflect their interests;
 - (d) opportunities for resident and family input into the development and scheduling of recreation and social activities;
 - (e) the provision of information to residents about community activities that may be of interest to them; and
 - (f) assistance and support to permit residents to participate in activities that may be of interest to them if they are not able to do so independently. O. Reg. 79/10, s. 65 (2).

Findings/Faits saillants :

1. The licensee has not ensured that the recreation and social activities program benefit all residents and reflects their interests. Inspector #196 reviewed the recreation and social activities binder with a staff member. The activation profiles and assessments, which would identify the interests of residents, have not been completed on eight out of a total of thirty-two residents. There is no documentation for 25% of the residents to indicate their interests are reflected in the program. [O.Reg.79/10,s.65.(2)(c)].
2. The licensee has not ensured that there are opportunities for resident and family input into the development and scheduling of recreation and social activities. A staff member told the inspector that there has not been any resident or family involvement in the activation program and reported that there is no Family or Resident Council within the home. The staff member told the Inspector that they follow a program found in a binder with a list and description of activities to provide to residents, and they modify the activities depending on the season or month.[O.Reg.79/10,s.65.(2)(d)].

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 73. Staff qualifications
Every licensee of a long-term care home shall ensure that all the staff of the home, including the persons mentioned in sections 70 to 72,

- (a) have the proper skills and qualifications to perform their duties; and
- (b) possess the qualifications provided for in the regulations. 2007, c. 8, s. 73..

Findings/Faits saillants :

1. The licensee has not ensured that all staff of the home have the proper skills and qualifications to perform their duties and meet the qualifications provided for in the regulations.
2. The licensee of a long-term care home has not ensured that on and after the first anniversary of the coming into force of this section, every person hired by the licensee as a personal support worker or to provide personal support services, regardless of title, has successfully completed a personal support worker program that meets the requirements in subsection (2). [O.Reg.79/10,s.47(1)].
3. From September 22, 2011 to October 17, 2011, the home has hired six staff to provide personal support services to residents. The administrator provided a list of these new hires and made notations beside their names whether or not they held a certificate as a Personal Support Worker (PSW). None of the named employees have a certificate as a PSW. The administrator noted that they have all signed an agreement with the licensee that they will obtain the PSW certificate within five years from their hire date. The administrator also stated that it is difficult for these people to get the required training as a PSW as there is no training program in this community and only recently it has been offered on-line with a community college. These new hires are required to sign a "contract" with the home indicating that they will complete a personal support worker program within five years of hire. The contract is titled "Condition of Employment" and lists subsection 47 of the O.Reg.79/10.
4. Inspector #196 conducted an interview with a staff member on October 25, 2011 at 1215hrs. They stated that they are employed as a PSW and was hired by the home one month ago. Also stated that they "do not have a certificate as a PSW and that the administrator has spoken to me about taking the course online".
5. Inspector #196 conducted an interview with another staff member on Oct. 25, 2011 at 1600hrs. They stated that they had been "hired a week ago and had one day of classroom orientation covering information about fire drills, MRSA videos, ulcers, review of different codes, lifts and lots of other information". This staff member had completed 8 shifts paired with another staff member. They told the inspector that they do not have a certificate as a PSW, and is not currently enrolled in a program. They also told the inspector that they have "been told that within 5 years I have to get that course done".
6. Inspector #196 interviewed a staff member on Oct. 25, 2011 at 1610hrs. They stated that they "were hired around Oct. 15, 2011 and that I do not have a certificate as a PSW". It was also stated that they "plan to enroll in the PSW program in the near future".
7. Inspector #196 interviewed the activation coordinator for the home. This staff member has a certificate as a PSW and stated "has been doing the full time activation programs (5 hours daily) since spring of 2011". Also stated that they "do not have any training in recreational therapy, and has not taken any courses relating to this". [O.Reg.79/10,s.66(1)(2)(a)].
8. There is a replacement activation staff member for those days that the activation coordinator has off. According to the activation coordinator, this other staff member does not have any recreation therapy training and is not a PSW. [O.Reg.79/10,s.67(1)(a)].

Additional Required Actions:

CO # - 902 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: 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 subsections:

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;**
- (b) the goals the care is intended to achieve; and**
- (c) clear directions to staff and others who provide direct care to the resident. 2007, c. 8, s. 6 (1).**

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (8) The licensee shall ensure that the staff and others who provide direct care to a resident are kept aware of the contents of the resident's plan of care and have convenient and immediate access to it. 2007, c. 8, s. 6 (8).

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;**
- (b) the resident's care needs change or care set out in the plan is no longer necessary; or**
- (c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).**

Findings/Faits saillants :

1. The licensee did not ensure that the plan of care was reviewed and revised after resident #2 experienced a fall with injury in August 2011. Inspector observed this resident to be lying in a "high/low" bed on October 26, 2011. The last update to the falls entry on the care plan for this resident was dated August 10, 2011 and did not list the use of a "high/low" bed. This intervention of the use of a "high/low" bed is not included in the resident's plan of care. [LTCHA 2007,S.O.2007,c.8,s.6.(10)(b)].
2. The licensee did not ensure that the care set out in the plan of care is provided to the resident as specified in the plan. The area of the care plan titled "risk of injury from falls", identifies an intervention for resident #2 to be "monitored for safety at least hourly or more if assessed" dated August 10, 2011. Inspector #196 interviewed a staff member on Oct. 26, 2011. This staff member stated that "there is no place for the staff to record the monitoring of residents that are at risk for falls" and told the inspector that "staff look in as they go by". Inspector #196 interviewed the administrator on Oct. 26, 2011. The administrator stated that they were "unsure of where staff document that hourly checks of residents were done" and referred to the flowsheets and stated they "may not have an area to mark it". Inspector #196 observed on Oct. 26, 2011 at 1600hrs that a "hourly checklist" form had been placed in the flowsheet binder for those residents deemed high-risk for falls including resident #1 and resident #2. However no such "hourly checklist" form was in place prior to this time. There were no initials of staff noted on these "hourly checklist" forms and a staff member stated to the Inspector that these "hourly checklist" forms were "new".[LTCHA 2007,S.O.2007,c.8,s.6.(7)].
3. The licensee has failed to ensure that there is a plan of care that sets out clear direction to staff and others who provide direct care to the resident. Inspector #196 interviewed a staff member on Oct. 26, 2011. This staff member stated to the Inspector that they "would refer to the resident's care plan or to the information sheet that is posted in the resident's washroom" for information about the resident. The Inspector and this staff member obtained the information sheet that was posted behind the shutter in the washroom for resident #2. This sheet noted this resident as being independent for transferring and mobility and for toileting. This staff member stated that this sheet was "not accurate as this resident requires 2 staff for ambulation and is not independent with toileting". Inspector #196 reviewed the information sheet with the administrator and the administrator stated that "these sheets are to be updated and that they would have these corrected". [LTCHA 2007,S.O.2007,c.8,6.(1)(c)].
4. The licensee has failed to ensure that the care set out in the plan of care is provided to the resident as specified in the plan. Inspector #196 observed on October 26, 2011 at 1545hrs, resident #1 sleeping in their bed and the bed was not in its lowest position. A staff member confirmed with the Inspector at that time that the bed was not in its lowest position as it should be. The care plan lists as an intervention to prevent injury from falls, that the bed is to be in lowest position. [LTCHA 2007,S.O.2007,c.8,s.6.(7)].
5. The licensee did not ensure that there is a written plan of care for each resident that sets out, clear directions to staff and others who provide direct care to the resident. Inspector #196 reviewed the activation care plan dated September 30, 2011 for resident #1. The care plan identifies that this resident has a "decrease involvement in activities" with a goal that they "will attend activities of interest with activation staff or friends/family" and the resident "will attend activities pain free". Inspector noted that the care plan for activation does not identify resident #1's preferred activities or interests. [LTCHA 2007,S.O.2007,c.8,s.6.(1)(c)].
6. A staff member stated that they had not read the care plan for resident #1 and that they were not aware of any of the included interventions for this resident in relation to activation. The Home has not ensured that staff and others who provide direct care to a resident are kept aware of the contents of the plan of care. [LTCHA 2007,S.O.2007,c.8,s.6.(8)].

Issued on this 5th day of March, 2012



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
prévus le Loi de 2007 les
foyers de soins de longue

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

Lauren Senhaver #196