



**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 sions 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>
Apr 28, 2016	2016_243634_0005	009775-16, 028756-15, 026747-15	Complaint

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**Licensee/Titulaire de permis**

Vigour Limited Partnership on behalf of Vigour General Partner Inc.  
302 Town Centre Blvd Suite #200 MARKHAM ON L3R 0E8

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

Secord Trails Care Community  
263 WONHAM STREET SOUTH INGERSOLL ON N5C 3P6

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

ADAM CANN (634)

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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): April 12, 13, 14, and 15  
2016**

**The following complaint inspections were conducted concurrently during this  
inspection:**

**Log # 028756-15 related to sufficient staffing**

**Log # 026747-15 related to sufficient staffing and personal care**

**Log # 009775-16 related to sufficient staffing and personal care**

**Inspector #630 (Amie Gibbs-Ward) was also present during this inspection.**

**During the course of the inspection, the inspector(s) spoke with the Executive  
Director, Director of Care, Assistant Director of Care, Food Services Supervisor &  
Environment Services Manager, Office Manager, nine Personal Support Workers  
(PSWs), one Registered Practical Nurse (RPN), fourteen residents and two family  
members.**

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

**Personal Support Services**

**Sufficient Staffing**

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

**2 WN(s)**

**2 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 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.

Record review of the home's RN staffing schedule dated April 7, 2016 to April 20, 2016 reviewed on April 14, 2016 revealed:

-There was not a Registered Nurse in the home from 1500 hours to 2300 hours on Monday April 11, 2016.

During an interview with the Director of Care (DOC) it was reported that on Monday April 11, 2016 from 1500 hours to 2300 hours, there was no RN coverage in the home. The DOC confirmed that she was in the building until approximately 1900 hours on April 11, 2016. DOC confirmed that an extra Registered Practical Nurse was brought in to cover the shift on April 11, 2016 from 1500 hours to 2300 hours. DOC shared that the Assistant Director of Care (ADOC) was on call as well as a Registered Nurse was on call but no registered nurse was in the building after DOC left for the day. DOC confirmed that the schedule includes agency staffing as well as regular staff. DOC confirmed it was the expectation that the home have a Registered Nurse on duty 24 hours a day, 7 days a week. [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 ensuring 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., to be implemented voluntarily.***

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**WN #2: 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 license has failed to ensure that the staffing plan included a back-up plan for nursing and personal care staffing that addresses situations when staff cannot come to work, specifically 24/7 RN coverage.

Record review of the Secord Trails Care Community, Contingency Staffing Plan revealed:

-Written contingency plan in place for both personal support workers and registered practical nurses.

-No written staffing plan regarding a backup plan or contingency plan for Registered Nurses 24/7 coverage.

During an interview with the Director of Care it was confirmed that the home's contingency staffing plan, did not contain a written plan for the Registered Nurses to address 24/7 Registered Nurse coverage.

2. The licensee has failed to ensure that the staffing plan provided a staffing mix that was consistent with residents' assessed care and safety needs.

Review of the Resident Council Meeting Minutes dated February 26, 2016, indicated



“reviewed the times of meals and snacks: 0830 am – breakfast; 10 am – snack”. The Food Service Supervisor confirmed the breakfast mealtime in the home was 0830-0930 hours.

Observations during the breakfast meal service identified that there were no Personal Support Workers (PSW) who remained in the dining room to assist residents with eating until 0900 hours. There were residents observed to be in the dining room waiting for the meal and assistance who did not receive assistance according to the reviewed 0830 hours meal time.

-An identified resident, who required extensive assistance with eating, was at the table in the dining room at 0823 hours but did not receive a meal or eating assistance until 0922 hours.

-An identified resident who required one staff to assist with eating and another resident who required total assistance with eating were at the table in the dining room at 0823 hours but did not receive a meal or eating assistance until 0925 hours.

Breakfast meal observation revealed:

-A resident arrived in the dining room at 0928 hours. The PSW sat to assist the resident with breakfast at 0940 hours. PSW left the table with the food at the table at 0945 hours as PSW's beeper went off. No one was at the table until the PSW came back at 0948 hours. PSW left the table again at 0952 hours with cereal still in front of the resident which was not consumed. The PSW returned at 0958 hours.

-A resident arrived in the dining room at 0845, and there were thickened drinks in front of the resident. No assistance until 0945 hours when a PSW sat with her to assist with cereal

Observations on a wing in the home revealed:

-Two Personal Support Workers (PSW) were on the unit with five residents remaining in bed. Two of the five residents did not go down for breakfast but PSW's confirmed that these residents preferred not to go for breakfast. The remaining three residents were brought to the dining room between 0900 hours with the last resident arriving at 0940 hours.

Interview with a PSW revealed:

-PSW shared that the last resident from the wing was down to the dining room at approximately 0930 hours which PSW states was due to the workload on the particular wing the PSW works.

On two out of two days that breakfast was observed there were residents who were



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waiting in the dining room for an hour before assistance was provided or who were brought to the dining room late.

Interview with Food Service Supervisor and Executive Director indicated the breakfast mealtime in the home was 0830-0930 hours and that some residents were not receiving the required assistance with eating during the home's established mealtime related to the availability of the PSW staff in the dining room during that time

The staffing plan did not provide a staffing mix that met the resident's needs for morning care to be completed and breakfast to be served between 0830 and 0930 for all residents. [s. 31. (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 the staffing backup plan included RN coverage and that the staffing mix provided is consistent with resident care needs., to be implemented voluntarily.***

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Issued on this 3rd day of May, 2016

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

**Original report signed by the inspector.**