



**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 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**

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119 rue King Ouest 11^{ième} étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
Feb 26, 2018	2018_544527_0004	002157-18	Complaint

Licensee/Titulaire de permis

CVH (No. 8) GP Inc. as general partner of CVH (No. 8) LP
766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H 5L8

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

Shelburne Long Term Care Home
200 Robert Street SHELburne ON L9V 3S1

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

KATHLEEN MILLAR (527)

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): January 15, 16, 17, 18 and February 21, 2018

During the course of the inspection, the Long Term Care Home (LTCH) Inspector(s) reviewed staffing and contingency plans, staffing schedules, and home information.

During the course of the inspection, the inspector(s) spoke with the Executive Director (ED), the Director of Care (DOC), the Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), residents' and family members

**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)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
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
<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 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.

In November 2017, the home had no registered nurse (RN) on duty and present in the home at specific times. The home had a registered practical nurse (RPN) on duty during the specific dates and times, and the Director of Care (DOC) was on-call, if needed by the RPN.

The home's staffing plan, staffing schedules, registered staff shift replacement information and sign-in sheets were reviewed by the LTCH Inspector #527, which confirmed that there were no RN on duty for the specific times in November 2017. RPN #145 was interviewed and confirmed that an RPN was on duty on the specific times in November 2017, and the DOC was on-call, if they needed assistance and that they were aware the home was expected to have an RN on duty and in the home at all times. The DOC and the Executive Director (ED) were interviewed and confirmed that they had scheduled an RPN with the DOC on-call during the specific times in November 2017, as they were unable to schedule an RN. The ED indicated that an agency RN was pre-booked to work these shifts due to shortage of RNs and the lack of availability of their RN staff; however the agency RN cancelled. The ED also indicated that they had an RN resign in November 2017, who was originally scheduled for a specific date and time, and the inhouse RNs were already working a fair amount of 12 hour and/or double shifts. The ED stated that their recruitment of RNs was initiated in November 2017, with no applicants. The ED acknowledged that they were aware that they were expected to have a registered nurse on duty and present at all times.

The home failed to ensure that they had an RN of the home on duty and present in the home at all times in November 2017.



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Issued on this 2nd day of March, 2018

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

Original report signed by the inspector.