



**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**

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jan 13, 17, 2017	2016_346133_0030	024442-15	Complaint

Licensee/Titulaire de permis

RELIGIOUS HOSPITALERS OF ST. JOSEPH OF CORNWALL, ONTARIO
14 York St CORNWALL ON K6J 5T2

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

ST JOSEPH'S CONTINUING CARE CENTRE
14 YORK STREET CORNWALL ON K6J 5T2

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

JESSICA LAPENSEE (133)

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): August 8th - 10th, 2016
(onsite)**

This complaint inspection is related to a complaint regarding the heating, ventilation and air conditioning system (HVAC), the provision of beverages to residents, the Registered Dietician hours, and the Administrator's qualifications.

During the course of the inspection, the inspector(s) spoke with the home's Executive Director (the Administrator), the Director of Care, the Infection Control/Occupational Health and Safety Adviser, the Director of Support Services, the Environmental Services Supervisor, the Program Support Coordinator, an adjutant with the Physical Therapy program, the Food Services Manager, Personal Support Workers and residents.

During the course of the inspection, the inspector observed common areas and resident bedrooms with a focus on the heating, ventilation and air conditioning system (HVAC), ambient air temperatures, and staff's ongoing efforts to keep the building as cool as possible, such as keeping window blinds closed. The Inspector reviewed documentation related to the inspection and maintenance of the HVAC system. The Inspector reviewed email communications, as provided by the Director of Support Services, related to the monitoring of temperature and humidity in the building. The Inspector reviewed nursing policy #11-a-168 and #11-a-170, related to the Prevention and Management of Hot Weather Related Illness. The Inspector reviewed information that was provided to all staff, about hot weather related illness. The Inspector observed a portion of a morning beverage pass and a portion of an afternoon nourishment pass, with a focus on beverages. The Inspector observed the beverage supply within the Shared Therapy room (#1178). As well, the Inspector reviewed documentation related to the Executive Director's qualifications.

**The following Inspection Protocols were used during this inspection:
Accommodation Services - Maintenance
Nutrition and Hydration
Safe and Secure Home
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
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 O.Reg 79/10, s. 212. Administrator

Specifically failed to comply with the following:

s. 212. (4) Subject to subsection (5), the licensee shall ensure that everyone hired as an Administrator after the coming into force of this section,

(a) has a post-secondary degree from a program that is a minimum of three years in duration, or a post-secondary diploma in health or social services from a program that is a minimum of two years in duration; O. Reg. 79/10, s. 212 (4).

(b) has at least three years working experience,

(i) in a managerial or supervisory capacity in the health or social services sector, or

(ii) in another managerial or supervisory capacity, if he or she has already successfully completed the course mentioned in clause (d); O. Reg. 79/10, s. 212 (4).

(c) has demonstrated leadership and communications skills; and O. Reg. 79/10, s. 212 (4).

(d) has successfully completed or, subject to subsection (6), is enrolled in, a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time. O. Reg. 79/10, s. 212 (4).

Findings/Faits saillants :

1. The licensee failed to ensure that the home's new Administrator had the qualifications and experience required by section 212(4) of O.Reg. 79/10. Specifically, the licensee failed to ensure that the home's new Administrator had at least three years working experience in a managerial or supervisory capacity in the health or social services sector; or had at least three years working experience in another managerial or supervisory capacity and had successfully completed a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time.

At St. Joseph's Continuing Care Centre, the Administrator is referred to as the Executive Director (ED).

On August 8th, 2016, the Inspector met with the home's new ED in order to review the requirements set out in O. Reg. 79/10, s. 212 (4). The ED confirmed that she began her employment with the home on May 31, 2016. She spent a month in orientation with the former ED, and was appointed as ED on July 1, 2016.



The ED explained that she was enrolled in a program of long term care home administration, through the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). The ED provided the Inspector with a letter, dated July 6th, 2016, that confirmed her acceptance to the OANHSS “Administrator Leadership Program”, which was scheduled to begin on October 23, 2016. The acceptance letter confirmed that the program would be a minimum of 100 hours in duration of instruction time.

The ED explained that she had proposed to the Board of Director’s Executive Director Search Committee that she would complete an online program of long term care home administration, through HealthCareCAN, prior to commencing her employment. The ED explained that she had been advised not to take the online course, as the Board would prefer her to take the classroom course through OANHSS, to allow for networking opportunities.

On August 11th, 2016, the Inspector spoke with the Chairperson of the Board of Director’s at the time that the ED was hired. The Chairperson also sat on the Executive Director Search Committee. The Chairperson confirmed that the ED had been advised not to take the online program of long term care home administration, through HealthCareCAN, prior to her employment. The Chairperson confirmed that the Board wanted the ED to wait and take the classroom course through OANHSS, to allow for networking opportunities.

As the ED did not complete a program of long term care home administration prior to being hired, the ED required at least three years of working experience in a managerial or supervisory capacity in the health or social services sector.

It was verified that the ED had over 20 years of working experience in a managerial or supervisory capacity, however, it was not in the health or social services sector. The ED explained that prior to taking her position at St. Joseph’s Continuing Care Centre, she had worked for a year and two months in a managerial capacity in the health services sector.

On January 3, 2017, the ED provided confirmation to the Inspector, via email correspondence, that she had successfully completed the OANHSS Administrator Leadership course. The confirmation was dated December 23rd, 2016 and was from an OANHSS Education Consultant. As such, as of December 23, 2016, the ED’s past working experience of more than three years in another managerial or supervisory capacity was deemed to satisfy the requirements of O. Reg. 79/10, s. 212 (4) (b). [s. 212.



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(4)]

Issued on this 13th day of January, 2017

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

Original report signed by the inspector.