



**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**

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

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

**Public Copy/Copie du public**

<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>
May 26, 2014	2014_257518_0023	L-000329-14	Critical Incident System

**Licensee/Titulaire de permis**

DIVERSICARE CANADA MANAGEMENT SERVICES CO., INC  
2121 ARGENTIA ROAD, SUITE 301, MISSISSAUGA, ON, L5N-2X4

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

TILBURY MANOR NURSING HOME  
16 FORT STREET, P.O. BOX 160, TILBURY, ON, N0P-2L0

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

ALISON FALKINGHAM (518)

**Inspection Summary/Résumé de l'inspection**

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

**This inspection was conducted on the following date(s): May 21, 2014**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care and four Registered Nurses.**

**During the course of the inspection, the inspector(s) Reviewed staffing policies and schedules.**

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



Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend	Legendé
WN – Written Notification	WN – Avis écrit
VPC – Voluntary Plan of Correction	VPC – Plan de redressement volontaire
DR – Director Referral	DR – Aiguillage au directeur
CO – Compliance Order	CO – Ordre de conformité
WAO – Work and Activity Order	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. 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 there was at least one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff on duty and present in the home at all times. S.O. 2007, c. 8, s.(3)

a) On March 15, 2014 the afternoon Registered Nurse called in sick from 1400-2200

b) Calls were placed to all Registered Nurses (RN) not working and they all declined  
Overtime calls were placed and all RN's declined

Staff that were working were asked to stay over or come in early and they all declined  
Registered Practical Nurses were not contacted for extra coverage

All RN's off shift were called and asked if they would be on call by telephone and they all declined

The Director of Care was available by telephone for support but was not in the building.

On July 31, 2014 a similar inspection revealed six separate occasions where the home failed to ensure that there was one Registered Nurse who is both an employee of the licensee and a member of the regular nursing staff on duty and present in the home. A WN and VPC were issued at that time.

The Director of Nursing confirms that it is her expectation the nursing home is staffed with a Registered Nurse 24 hours a day. [s. 8. (3)]

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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).**

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**Findings/Faits saillants :**

1. The licensee failed to ensure the staffing plan includes, (d) a back up plan for nursing and personal care staffing that addresses situations when staff, including staff who must provide the nursing coverage required under subsection 8 (3) of the act, cannot come to work; and (e) be evaluated and updated at least annually in accordance with evidenced based practises and if there are non; in accordance with prevailing practises. O. Reg. 79/10, s.31 (3)

Review of Policy and Procedures regarding the Nursing Staffing Plan NM-11-N035 Effective 2010 indicates there is a backup plan but does not describe this plan.

The Director of Nursing confirms this policy has not been updated since its effective date of September 2010 and that there are no backup plans at this time. On May 21, 2014 the home was in contact with the Union, both parties have agreed to consider the use of agency staff. [s. 31. (3)]



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**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Issued on this 26th day of May, 2014**

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