



**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 soins de longue durée**

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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>
Aug 19, 2016	2016_284545_0022	010011-16, 010016-16	Follow up

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**Licensee/Titulaire de permis**

MOHAWK COUNCIL OF AKWESASNE  
P.O. Box 579 CORNWALL ON K6H 5T3

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

TSIIIONKWANONHSOTE  
70 Kawehnoke Apartments Road Akwesasne ON K6H 5R7

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

ANGELE ALBERT-RITCHIE (545)

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

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**The purpose of this inspection was to conduct a Follow up inspection.**

**This inspection was conducted on the following date(s): August 3 & 4, 2016**

**This Follow-Up Inspection is related to:**

- a follow-up to a compliance order related to Medications (Log #: 010011-16)**
- a follow-up to a compliance order related to Administrator hours (Log #: 010016-16)**

**During the course of the inspection, the inspector(s) spoke with the Acting Program Manager (Administrator), Acting Director of Care, Activation Director, Assistant Director of Health, Director of Health, the president of Assured Care Consulting Inc, Finance Clerk, Ward Clerk, several Registered Nurses (RN), several Registered Practical Nurses (RPN) and residents.**

**The inspector also conducted a Medication Pass observation as well as an observation of the narcotic and controlled substances storage area, reviewed Residents' health care records, home medication policies and procedures, staff, Administrator and Director of Care work routines and schedules, and observed the delivery of resident care and services, including resident-staff interactions.**

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

**Medication**

**Sufficient Staffing**

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

**5 WN(s)**

**2 VPC(s)**

**3 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**The following previously issued Order(s) were found to be in compliance at the time of this inspection:**

**Les Ordre(s) suivants émis antérieurement ont été trouvés en conformité lors de cette inspection:**



REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ GENRE DE MESURE	INSPECTION # / DE L'INSPECTION	NO	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10 s. 131. (2)	CO #001	2016_284545_0004		545

### 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. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:**

- 1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week. O. Reg. 79/10, s. 212 (1).**
- 2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week. O. Reg. 79/10, s. 212 (1).**
- 3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).**

**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 comply with compliance order #001, indicating that the licensee shall ensure that the home's Administrator worked regularly in that position on site at the home for 16 hours per week.

The Tsiionkwanonhso:te Long Term Care Home consists of 50 beds; therefore the Administrator is required to work regular hours in that position on site for 16 hours per week.



On February 24, 2016 during a Follow-Up Inspection (2016\_284545\_0004) an order was issued (C.O. #002) with a compliance date of July 8, 2016 to ensure that the home's Administrator works regularly in that position on site at the home for 16 hours per week through the following actions:

1. Develop and provide a full action plan related to the recruitment and retention of an Administrator position by April 18, 2016;
2. Hire a qualified Administrator that will work regularly in that position on site at the home for a minimum of 16 hours per week; and
3. If the home chooses to hire an Administrator/Director of Care in a dual role, ensure 16 hours per week are focused on Administrator responsibilities, and that 24 hours per week are focused on DOC responsibilities.

On April 18, 2016 the home provided Inspector #545 with their plan which indicated that:

- The Department of Health will recruit a Director of Care for 24 hours per week as per the minimum requirement.
- The Mohawk Council of Akwesasne, in the interim has offered a Registered Staff Nurse, who has been at the home for 9 years the Director of Care position. The individual currently has the contract and we await her approval.
- The Administrator provided by Assured Care will work 16 hours per week.

At Tsiionkwanonhso:te Long-Term Care Home, the Administrator is referred to as the Program Manager.

On August 3, 2016 during a Follow-Up inspection, the Inspector was informed by the Acting Program Manager, Mr. Vincent Barry Lazore that he was the Acting Administrator; he added that the Administrator previously hired by Assured Care had resigned at the end of May 2016 and that he had accepted an Acting Administrator position which started June 30, 2016.

Based on the "Summary of Administrator/DOC Responsibilities" documents reviewed by the Inspector, it was indicated that between February 22 to and June 9, 2016, the Administrator/DOC previously hired by Assured Care, worked on average 16-24 hours per week, as follows:



- week of February 22; worked Feb 22, 24 & 26 for a total of 24
- week of February 29; worked Feb 29, March 2 & 4 for a total of 24 hours
- week of March 7; worked March 7, 9, 10 & 11 for a total of 32 hours
- week of March 14; worked March 17 & 18 for a total of 16 hours
- week of March 21; worked March 21 & 23 for a total of 16 hours
- week of March 28; worked March 28 & 29, April 1 for a total of 24
- week of April 4; worked April 4, 5 & 8 for a total of 24 hours
- week of April 11; worked April 12, 13 & 15 for a total of 24 hours
- week of April 18; on vacation, no hours worked
- week of April 25; worked April 27 & 29 for a total of 16 hours
- week of May 2; worked May 2 & 5 for a total of 16 hours
- week of May 9; worked May 9 & 12 for a total of 16 hours
- week of May 16; worked May 16 & 19 for a total of 16 hours
- week of May 23; worked May 24 & 26 for a total of 16 hours
- week of May 30; worked May 30, June 2 for a total of 16 hours
- week of June 6; worked June 6 & 9 for a total of 16 hours

During an interview with the president of Assured Care Consulting Inc. on August 12, 2016, he indicated that for the period of February 22, 2016 to April 17, 2016, the Administrator/DOC hired through them worked 24 hours per week as Director of Care, she was away on vacation the week of April 18, 2016 therefore did not work in either role (Administrator or DOC), then starting the week of April 25, 2016, she worked 16 hours per week as Administrator until June 9th, 2016 which was her last day of work.

During an interview with the Acting Administrator, Mr. Vincent Barry Lazore on August 4, 2016, he indicated that his first day as Acting Administrator was June 30, 2016 but that he didn't start working in that capacity until his return from vacation on July 18, 2016. He indicated that no one worked in the capacity of Administrator for the period of June 10, 2016 to June 29, 2016. The Acting Administrator further indicated that before accepting the Acting Administrator position he worked full time as Food Service Supervisor (FSS) and Environmental Services Supervisor (ESS) and upon return from holidays on July 18, 2016, he had been working in the capacity of Administrator 16-24 hours per week, as well as working in the capacity of FSS and ESS. The Acting Administrator added that he had assigned the Activation Director and Acting Director of Care to be in charge while he was on vacation from July 1 to July 18, 2016; he then confirmed that neither of them were a qualified Administrator.

During an interview with the Acting Director of Care, she confirmed that she had not





worked in the capacity of Administrator while the Acting Administrator was on vacation from July 1 to July 18, 2016.

During an interview with the Activation Director, she indicated that she was asked to be "on-call" while the Acting Administrator was on holidays from July 1 to July 18, 2016, and during that time she worked two hours in the capacity of Administrator on July 9, 2016 when she provided guidance and support to the Acting Director of Care related to an incident with a resident that returned late from a social leave.

Therefore, from February 22 to August 4, 2016, the licensee did not ensure that the home's Administrator worked regularly in that position on site at the home for 16 hours per week. [s. 212. (1)]

2. The licensee has failed to ensure that the home's Acting Administrator had successfully completed or, subject to subsection (6), was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

At Tsiionkwanonhso:te Long-Term Care Home, the Administrator is referred to as the Program Manager.

On August 3, 2016 during a Follow-Up inspection, the Inspector was informed by the Acting Program Manager, Mr. Vincent Barry Lazore that he was the Acting Administrator; he added that the Administrator previously hired by Assured Care had resigned at the end of May 2016 and that he had accepted an Acting Administrator position which started June 30, 2016. He further indicated that a job posting for a permanent part-time Administrator position was posted in the home with a closing date of August 4, 2016.

The Mohawk Council of Akwesasne Human Resources Personal Change Notice Form and Letter of Offer was reviewed by the Inspector and the following was documented:

**Acting Administrator**

- Position title changed from Food Services Supervisor to Acting Program Manager for Emergency Hire for a term duration from June 6, 2016 to September 6, 2016; and
- On July 21, 2016, the Food Services Supervisor signed a letter of Offer for the Acting Program Manager position with a start date of June 30, 2016.

Mr. Vincent Barry Lazore, Acting Administrator indicated that he had successfully



completed the Food Services and Nutrition Management program in 2012 from the Canadian Healthcare Association (2 year online program). He further indicated that he would soon be completing his Bachelor of Science in Healthcare Management from South University. An unofficial transcript dated August 4, 2016 was reviewed by the Inspector, which indicated a total of 198 credits completed. The Acting Administrator further indicated that he had completed the last course for his program on August 3, 2016 and would soon receive a diploma. He indicated that he had not completed or enrolled in a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

On August 16, 2016 during an interview with April White, Director of Health at the Mohawk Council of Akwesasne, she confirmed that she was a representative of the licensee. She indicated that she was aware that the Acting Administrator currently hired in a term position from June 30 to September 6, 2016 was not qualified to work in the capacity of Administrator. She indicated that the Acting Administrator had just completed a Bachelor of Science in Healthcare Management and was planning to start the long-term care home administration or management program in September 2016. She stated that the permanent part-time Administrator position was posted from July 21, 2016 to August 4, 2016 but that it was unlikely that a permanent Administrator would be in place by September 6, 2016 as the Mohawk Council of Akwesasne's Human Resource Department was back logged. She further indicated that she was unsure when the interview process would be scheduled.

Therefore, the licensee did not ensure that there was a qualified Administrator working on site at the home for 16 hours per week, starting June 10, 2016, as per the LTCHA, s. 212(4). [s. 212. (4)]

***Additional Required Actions:***

***CO # - 001, 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 213. Director of Nursing and Personal Care**





**Specifically failed to comply with the following:**

**s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:**

- 1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week. O. Reg. 79/10, s. 213 (1).**
- 2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week. O. Reg. 79/10, s. 213 (1).**
- 3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week. O. Reg. 79/10, s. 213 (1).**
- 4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week. O. Reg. 79/10, s. 213 (1).**
- 5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week: in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.

According to section 8(4) of the Act, during the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection (3), except as provided for in the regulations.

The Tsiionkwanonhso:te Long Term Care Home consists of 50 beds; therefore, the Director of Care is required to work regular hours in that position onsite for 24 hours per week.

On August 3, 2016, upon entrance to the home, the ward clerk informed Inspector #545 that the Acting Director of Care (DOC) was away and that RN #107 was covering. When asked to meet with the covering Acting DOC, the inspector was informed that he was working as RN on the evening shift. On the same day, the Inspector observed a note on the Acting DOC's locked door, indicating that RN #107 was Acting DOC on the following dates:



- August 1
- August 2
- August 3
- August 5
- August 6
- August 7

The note indicated that on August 4, 2016 the RN on duty would be the Acting DOC.

In a review of the home's work schedule, it was documented that RN #107 was the only registered nurse on duty on the following shifts:

- August 1 (8-hour day shift)
- August 2 (8-hour evening shift)
- August 3 (8-hour evening shift)
- August 5 (8-hour day shift)
- August 6 (12-hour day shift)
- August 7 (12-hour day shift)

During interviews with RN #101 on August 3, 2016 and with RN #108 on August 4, 2016 they indicated they were the only RN on duty and were also covering for the Acting Director of Care.

Based on the "Summary of Administrator/DOC Responsibilities" documents reviewed by the Inspector, it was indicated that between February 22 to and June 9, 2016, the Administrator/DOC previously hired through Assured Care, worked on average 16-24 hours per week. On the following weeks, the home did not ensure that the Director of Nursing and Personal Care worked regularly in that position on site at the home for 24 hours:

- week of February 22; worked Feb 22, 24 & 26 for a total of 24 hours
- week of February 29; worked Feb 29, March 2 & 4 for a total of 24 hours
- week of March 7; worked March 7, 9, 10 & 11 for a total of 32 hours
- week of March 14; worked March 17-18 for a total of 16 hours
- week of March 21; worked March 21-23 for a total of 16 hours
- week of March 28; worked March 28-29, April 1 for a total of 24 hours
- week of April 4; worked April 4-5-8 for a total of 24 hours
- week of April 11; worked April 12-13-15 for a total of 24 hours
- week of April 18; on vacation, no hours worked
- week of April 25; worked April 27-29 for a total of 16 hours



- week of May 2; worked May 2-5 for a total of 16 hours
- week of May 9; worked May 9-12 for a total of 16 hours
- week of May 16; worked May 16-19 for a total of 16 hours
- week of May 23; worked May 24-26 for a total of 16 hours
- week of May 30; worked May 30, June 2 for a total of 16 hours
- week of June 6; worked June 6-9 for a total of 16 hours

During an interview with the president of Assured Care Consulting Inc. on August 12, 2016, he indicated that for the period of February 22, 2016 to April 17, 2016, the Administrator/DOC hired through them worked 24 hours per week as Director of Care, she was away on vacation the week of April 18, 2016 therefore did not work in either role (Administrator or DOC), then starting the week of April 25, 2016, she worked 16 hours per week as Administrator until June 9th, 2016 which was her last day of work.

According to the Mohawk Council of Akwesasne Human Resources Personal Change Notice Form and a Letter of Offer, it was documented that the RAI Coordinator who was also RN on the unit, accepted a term Acting Director of Care position, from April 18, 2016 and ending August 19, 2016. She signed the contract on April 19, 2016.

In an interview with the Acting Director of Care (DOC), she indicated that she started as Acting DOC on May 2, 2016. She indicated that she was scheduled to work 24 hours per week as DOC and 16 hours per week as RN on the unit and/or RAI Coordinator, however when the home was short of RN on the floor, she had to cover. The Acting DOC added that while she was on holidays from August 1 to August 8, no registered nurse was assigned to cover the required 24 hours of DOC, as per legislation. She also indicated that the home didn't have enough registered nurses, and that coverage for sick leave and vacation was difficult with a pool of four full time RN, one casual and herself. The Acting DOC further indicated that on June 8, 2016 a request was forwarded to the Mohawk Council of Akwesasne Human Resources requesting recruitment of registered staff positions, but the positions have still not been posted.

A review of the Acting DOC's work schedule was conducted by the Inspector, with the Acting DOC. She confirmed hours worked as Acting DOC, all but the following weeks were documented as worked 24 hours weekly:

- Week of April 18; no hours worked
- Week of April 25; no hours worked
- Week of May 9; 8 hours worked (April 13)
- Week of June 13; 16 hours worked (June 14 & 15)



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- Week of July 25; 16 hours worked (July 25 & 27)
- Week of August 1; on vacation, no hours worked

Therefore, from April 18 to August 7, 2016, the licensee did not ensure that the home's Director of Nursing and Personal Care worked regularly in that position on site at the home for 24 hours per week. [s. 213. (1)]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.**

**Findings/Faits saillants :**



1. The licensee has failed to ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed.

Resident #005 was prescribed a specific narcotic injectable three times daily on a specified date in July 2016.

In a progress note dated a specified date in July 2016, it was documented that the pharmacist had indicated it "should not be a problem for registered staff to pre-load two doses out of a specific narcotic vial if both doses were to be administered by the same nurse".

During an observation of the Narcotic Storage Area on August 3, 2016 with RPN #103, RPN #103 indicated to the Inspector that it was her practice to pre-load two to three doses of a specific narcotic injectable for resident #005 and to place the pre-loaded unlabelled syringes in the resident's bin in the Medication Cart. She indicated that on a specified date in July 2016 she worked a 12-hour day shift, therefore she pre-loaded three syringes. On a specified date in August 2016 she pre-loaded two syringes as she was working an 8-hour day shift.

The Acting Director of Care indicated that it was the home's expectation that one vial of a specific narcotic be used for each administration, and that staff discard the remainder. [s. 126.]

***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 that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed, to be implemented voluntarily.***

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**WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs**



**Specifically failed to comply with the following:**

- s. 129. (1) Every licensee of a long-term care home shall ensure that,**
- (a) drugs are stored in an area or a medication cart,**
    - (i) that is used exclusively for drugs and drug-related supplies,**
    - (ii) that is secure and locked,**
    - (iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and**
    - (iv) that complies with manufacturer's instructions for the storage of the drugs;**
- and O. Reg. 79/10, s. 129 (1).**
- (b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).**

**Findings/Faits saillants :**





1. The licensee has failed to ensure that controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart.

Resident #005 was prescribed a specific narcotic injectable three times daily on a specified date in July 2016.

In a progress note dated a specified date in July 2016, it was documented that the pharmacist had indicated it "should not be a problem for registered staff to pre-load two doses out of a specific narcotic vial if both doses were to be administered by the same nurse".

During an observation of the Narcotic Storage Area on August 3, 2016 with RPN #103, RPN #103 indicated to the Inspector that it was her practice to pre-load two to three doses of a specific narcotic injectable (controlled substance) for resident #005 and to place the pre-loaded unlabelled syringes in the resident's bin in the Medication Cart. She further indicated that the resident's bin was located in the top drawer of the Medication Cart with other residents' medications, and that it was not separate, or a double-locked stationary cupboard within the locked medication cart.

The Acting Director of Care indicated that it was the home's expectation that all controlled substances and narcotics be stored in a separate, double-locked stationary cupboard within the locked medication cart. [s. 129. (1) (b)]

***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 controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart, to be implemented voluntarily.***

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**WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**



**Specifically failed to comply with the following:**

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure the home's Pharmacy Policy & Procedure Manual for LTC Homes (Medical Pharmacies): Documentation of Narcotic and Controlled Drug Administration was complied with.

According to O. Reg 79/10 s. 114(2), the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration, and destruction and disposal of all drugs used in the home.

The home's Pharmacy Policy & Procedure Manual for LTC Homes (Medical Pharmacies) was provided by the Acting Administrator and was reviewed by Inspector #545. RPN #103, #104, #113 and RN #101, #108 all confirmed that the home used an electronic medication pass system, where registered staff documented administration of all medications on an electronic medication administration record (eMAR). They also indicated that administration of all controlled substances was documented in two locations: eMAR and paper Individual Monitored Medication Records.

Policy 6.5 Individual Monitored Medication Record, last revised 01/14 indicated the following:

- 1. The Pharmacy sends an "Individual Monitored Medication Record" with each narcotic, controlled or controlled-like drug order dispensed.
- 2. The "Individual Monitored Medication Record" has the prescription number, resident's name, drug, strength, dose, TOTAL quantity dispensed, directions for use and physician's name.
- 3. Document on the Individual Monitored Medication Record" the TOTAL number of



tablets, capsules, volume of liquid, number of patches or ampoules received in the "Quantity/Remaining" column, for each order received from pharmacy.

4. Document for the administration of the monitored medication on the resident's MAR.

5. Sign on the Individual Monitored Medication Record" each time a dose is administered. Include the date, time, amount given, amount wasted, and new quantity remaining

- Resident #004 was prescribed a specific narcotic oral liquid once daily at bedtime. On a specified date in July 2016, in the eMAR, the dose was documented as administered, however on the "Individual Monitored Medication Record"; the dose was not documented as administered.

- Resident #005 was prescribed a specific narcotic injectable three times daily. In a review of the "Individual Monitored Medication Record" for the period of four days documentation of date and time was missed twice, and amount wasted was missed four times.

- Resident #006 was prescribed a specified narcotic. On a specified date in July 2016, in the eMAR, the dose was documented as administered, however on the "Individual Monitored Medication Record"; the dose was not documented as administered; a zero was documented under the "# remaining" and on an unsigned/undated note the following was documented: resident #006 needs signature for administration of a specified narcotic on a specified date in July 2016.

The Acting Director of Care indicated that she conducted twice weekly narcotic audits with another registered nurse to ensure ongoing monitoring of the management of narcotic and controlled substances. She added that the most recent audit was conducted on July 25, 2016 and that none was done the week of August 1, 2016. [s. 8. (1) (b)]

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Loi de 2007 sur les foyers de  
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**Issued on this 19th day of August, 2016**

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

**Original report signed by the inspector.**



**Ministry of Health and  
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**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*

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** ANGELE ALBERT-RITCHIE (545)

**Inspection No. /**

**No de l'inspection :** 2016\_284545\_0022

**Log No. /**

**Registre no:** 010011-16, 010016-16

**Type of Inspection /**

**Genre**

Follow up

**d'inspection:**

**Report Date(s) /**

**Date(s) du Rapport :** Aug 19, 2016

**Licensee /**

**Titulaire de permis :** MOHAWK COUNCIL OF AKWESASNE  
P.O. Box 579, CORNWALL, ON, K6H-5T3

**LTC Home /**

**Foyer de SLD :** TSIONKWANONHSOTE  
70 Kawehnoke Apartments Road, Akwesasne, ON,  
K6H-5R7

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Vincent Barry Lazore

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To MOHAWK COUNCIL OF AKWESASNE, you are hereby required to comply with the following order(s) by the date(s) set out below:

**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 :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (a)**Linked to Existing Order /****Lien vers ordre  
existant:** 2016\_284545\_0004, CO #002;**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 212. (1) Every licensee of a long-term care home shall ensure that the home's Administrator works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 64 beds or fewer, at least 16 hours per week.
2. In a home with a licensed bed capacity of more than 64 but fewer than 97 beds, at least 24 hours per week.
3. In a home with a licensed bed capacity of 97 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 212 (1).

**Order / Ordre :**

The licensee shall ensure that, if the Administrator is sick or on vacation, there must be someone one site to act fully as the Administrator in his absence to meet the required minimum of 16 hours per week.

**Grounds / Motifs :**

1. The licensee failed to comply with compliance order #001, indicating that the licensee shall ensure that the home's Administrator worked regularly in that position on site at the home for 16 hours per week.

The Tsiionkwanonhso:te Long Term Care Home consists of 50 beds; therefore the Administrator is required to work regular hours in that position on site for 16 hours per week.

On February 24, 2016 during a Follow-Up Inspection (2016\_284545\_0004) an order was issued (C.O. #002) with a compliance date of July 8, 2016 to ensure that the home's Administrator works regularly in that position on site at the home for 16 hours per week through the following actions:

1. Develop and provide a full action plan related to the recruitment and retention



of an Administrator position by April 18, 2016;

2. Hire a qualified Administrator that will work regularly in that position on site at the home for a minimum of 16 hours per week; and

3. If the home chooses to hire an Administrator/Director of Care in a dual role, ensure 16 hours per week are focused on Administrator responsibilities, and that 24 hours per week are focused on DOC responsibilities.

On April 18, 2016 the home provided Inspector #545 with their plan which indicated that:

- The Department of Health will recruit a Director of Care for 24 hours per week as per the minimum requirement.
- The Mohawk Council of Akwesasne, in the interim has offered a Registered Staff Nurse, who has been at the home for 9 years the Director of Care position. The individual currently has the contract and we await her approval.
- The Administrator provided by Assured Care will work 16 hours per week.

At Tsiionkwanonhso:te Long-Term Care Home, the Administrator is referred to as the Program Manager.

On August 3, 2016 during a Follow-Up inspection, the Inspector was informed by the Acting Program Manager, Mr. Vincent Barry Lazore that he was the Acting Administrator; he added that the Administrator previously hired by Assured Care had resigned at the end of May 2016 and that he had accepted an Acting Administrator position which started June 30, 2016.

Based on the "Summary of Administrator/DOC Responsibilities" documents reviewed by the Inspector, it was indicated that between February 22 to and June 9, 2016, the Administrator/DOC previously hired by Assured Care, worked on average 16-24 hours per week, as follows:

- week of February 22; worked Feb 22, 24 & 26 for a total of 24
- week of February 29; worked Feb 29, March 2 & 4 for a total of 24 hours
- week of March 7; worked March 7, 9, 10 & 11 for a total of 32 hours
- week of March 14; worked March 17 & 18 for a total of 16 hours
- week of March 21; worked March 21 & 23 for a total of 16 hours
- week of March 28; worked March 28 & 29, April 1 for a total of 24
- week of April 4; worked April 4, 5 & 8 for a total of 24 hours

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Homes Act, 2007, S.O. 2007, c.8*

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- week of April 11; worked April 12, 13 & 15 for a total of 24 hours
- week of April 18; on vacation, no hours worked
- week of April 25; worked April 27 & 29 for a total of 16 hours
- week of May 2; worked May 2 & 5 for a total of 16 hours
- week of May 9; worked May 9 & 12 for a total of 16 hours
- week of May 16; worked May 16 & 19 for a total of 16 hours
- week of May 23; worked May 24 & 26 for a total of 16 hours
- week of May 30; worked May 30, June 2 for a total of 16 hours
- week of June 6; worked June 6 & 9 for a total of 16 hours

During an interview with the president of Assured Care Consulting Inc. on August 12, 2016, he indicated that for the period of February 22, 2016 to April 17, 2016, the Administrator/DOC hired through them worked 24 hours per week as Director of Care, she was away on vacation the week of April 18, 2016 therefore did not work in either role (Administrator or DOC), then starting the week of April 25, 2016, she worked 16 hours per week as Administrator until June 9th, 2016 which was her last day of work.

During an interview with the Acting Administrator, Mr. Vincent Barry Lazore on August 4, 2016, he indicated that his first day as Acting Administrator was June 30, 2016 but that he didn't start working in that capacity until his return from vacation on July 18, 2016. He indicated that no one worked in the capacity of Administrator for the period of June 10, 2016 to June 29, 2016. The Acting Administrator further indicated that before accepting the Acting Administrator position he worked full time as Food Service Supervisor (FSS) and Environmental Services Supervisor (ESS) and upon return from holidays on July 18, 2016, he had been working in the capacity of Administrator 16-24 hours per week, as well as working in the capacity of FSS and ESS. The Acting Administrator added that he had assigned the Activation Director and Acting Director of Care to be in charge while he was on vacation from July 1 to July 18, 2016; he then confirmed that neither of them were a qualified Administrator.

During an interview with the Acting Director of Care, she confirmed that she had not worked in the capacity of Administrator while the Acting Administrator was on vacation from July 1 to July 18, 2016.

During an interview with the Activation Director, she indicated that she was asked to be "on-call" while the Acting Administrator was on holidays from July 1 to July 18, 2016, and during that time she worked two hours in the capacity of



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**Ministère de la Santé et  
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Administrator on July 9, 2016 when she provided guidance and support to the Acting Director of Care related to an incident with a resident that returned late from a social leave.

Therefore, from February 22 to August 4, 2016, the licensee did not ensure that the home's Administrator worked regularly in that position on site at the home for 16 hours per week. (545)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :** Sep 26, 2016

**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  
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**Order # /**

Ordre no : 002

**Order Type /**

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 213. (1) Every licensee of a long-term care home shall ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 19 beds or fewer, at least four hours per week.
2. In a home with a licensed bed capacity of more than 19 but fewer than 30 beds, at least eight hours per week.
3. In a home with a licensed bed capacity of more than 29 but fewer than 40 beds, at least 16 hours per week.
4. In a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.
5. In a home with a licensed bed capacity of 65 beds or more, at least 35 hours per week. O. Reg. 79/10, s. 213 (1).

**Order / Ordre :**

The licensee shall ensure that, if the Director of Nursing and Personal Care (DONPC), is sick or on vacation, there must be a Registered Nurse one site to act fully as the DONPC in her absence to meet the required minimum of 24 hours per week, while ensuring that the requirements set under section 8 (1) of the LTCH Act 2007 are met.

**Grounds / Motifs :**

1. The licensee failed to ensure that the home's Director of Nursing and Personal Care works regularly in that position on site at the home for the following amount of time per week: in a home with a licensed bed capacity of more than 39 but fewer than 65 beds, at least 24 hours per week.

According to section 8(4) of the Act, during the hours that an Administrator or Director of Nursing and Personal Care works in that capacity, he or she shall not be considered to be a registered nurse on duty and present in the long-term care home for the purposes of subsection (3), except as provided for in the regulations.

**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  
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The Tsiionkwanonhso:te Long Term Care Home consists of 50 beds; therefore, the Director of Care is required to work regular hours in that position onsite for 24 hours per week.

On August 3, 2016, upon entrance to the home, the ward clerk informed Inspector #545 that the Acting Director of Care (DOC) was away and that RN #107 was covering. When asked to meet with the covering Acting DOC, the inspector was informed that he was working as RN on the evening shift. On the same day, the Inspector observed a note on the Acting DOC's locked door, indicating that RN #107 was Acting DOC on the following dates:

- August 1
- August 2
- August 3
- August 5
- August 6
- August 7

The note indicated that on August 4, 2016 the RN on duty would be the Acting DOC.

In a review of the home's work schedule, it was documented that RN #107 was the only registered nurse on duty on the following shifts:

- August 1 (8-hour day shift)
- August 2 (8-hour evening shift)
- August 3 (8-hour evening shift)
- August 5 (8-hour day shift)
- August 6 (12-hour day shift)
- August 7 (12-hour day shift)

During interviews with RN #101 on August 3, 2016 and with RN #108 on August 4, 2016 they indicated they were the only RN on duty and were also covering for the Acting Director of Care.

Based on the "Summary of Administrator/DOC Responsibilities" documents reviewed by the Inspector, it was indicated that between February 22 to and June 9, 2016, the Administrator/DOC previously hired through Assured Care, worked on average 16-24 hours per week. On the following weeks, the home did not ensure that the Director of Nursing and Personal Care worked regularly in that position on site at the home for 24 hours:



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- week of February 22; worked Feb 22, 24 & 26 for a total of 24 hours
- week of February 29; worked Feb 29, March 2 & 4 for a total of 24 hours
- week of March 7; worked March 7, 9, 10 & 11 for a total of 32 hours
- week of March 14; worked March 17-18 for a total of 16 hours
- week of March 21; worked March 21-23 for a total of 16 hours
- week of March 28; worked March 28-29, April 1 for a total of 24 hours
- week of April 4; worked April 4-5-8 for a total of 24 hours
- week of April 11; worked April 12-13-15 for a total of 24 hours
- week of April 18; on vacation, no hours worked
- week of April 25; worked April 27-29 for a total of 16 hours
- week of May 2; worked May 2-5 for a total of 16 hours
- week of May 9; worked May 9-12 for a total of 16 hours
- week of May 16; worked May 16-19 for a total of 16 hours
- week of May 23; worked May 24-26 for a total of 16 hours
- week of May 30; worked May 30, June 2 for a total of 16 hours
- week of June 6; worked June 6-9 for a total of 16 hours

During an interview with the president of Assured Care Consulting Inc. on August 12, 2016, he indicated that for the period of February 22, 2016 to April 17, 2016, the Administrator/DOC hired through them worked 24 hours per week as Director of Care, she was away on vacation the week of April 18, 2016 therefore did not work in either role (Administrator or DOC), then starting the week of April 25, 2016, she worked 16 hours per week as Administrator until June 9th, 2016 which was her last day of work.

According to the Mohawk Council of Akwesasne Human Resources Personal Change Notice Form and a Letter of Offer, it was documented that the RAI Coordinator who was also RN on the unit, accepted a term Acting Director of Care position, from April 18, 2016 and ending August 19, 2016. She signed the contract on April 19, 2016.

In an interview with the Acting Director of Care (DOC), she indicated that she started as Acting DOC on May 2, 2016. She indicated that she was scheduled to work 24 hours per week as DOC and 16 hours per week as RN on the unit and/or RAI Coordinator, however when the home was short of RN on the floor, she had to cover. The Acting DOC added that while she was on holidays from August 1 to August 8, no registered nurse was assigned to cover the required 24 hours of DOC, as per legislation. She also indicated that the home didn't have



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enough registered nurses, and that coverage for sick leave and vacation was difficult with a pool of four full time RN, one casual and herself. The Acting DOC further indicated that on June 8, 2016 a request was forwarded to the Mohawk Council of Akwesasne Human Resources requesting recruitment of registered staff positions, but the positions have still not been posted.

A review of the Acting DOC's work schedule was conducted by the Inspector, with the Acting DOC. She confirmed hours worked as Acting DOC, all but the following weeks were documented as worked 24 hours weekly:

- Week of April 18; no hours worked
- Week of April 25; no hours worked
- Week of May 9; 8 hours worked (April 13)
- Week of June 13; 16 hours worked (June 14 & 15)
- Week of July 25; 16 hours worked (July 25 & 27)
- Week of August 1; on vacation, no hours worked

Therefore, from April 18 to August 7, 2016, the licensee did not ensure that the home's Director of Nursing and Personal Care worked regularly in that position on site at the home for 24 hours per week.

(545)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Sep 26, 2016**



**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

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**Order # /**

**Ordre no :** 003

**Order Type /**

**Genre d'ordre :** Compliance Orders, s. 153. (1) (b)

**Pursuant to / Aux termes de :**

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

**Order / Ordre :**

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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**Ordre(s) de l'inspecteur**

Aux termes de l'article 153 et/ou  
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The Licensee shall refrain from employing Mr. Vincent Barry Lazore as the Acting Administrator of Tsiionkwanonhso:te unless Mr. Vincent Barry Lazore 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.

1. Until Mr. Vincent Barry Lazore successfully complete the program in accordance with subsections 212 (4) and (6) of Ontario Regulation 79/10, the licensee shall prepare, submit and implement a plan to ensure that Mr. Vincent Barry Lazore has access to a qualified Administrator to support him in his role as Acting Administrator of Tsiionkwanonhsote;
2. This plan shall remain in place until such time as Mr. Vincent Barry Lazore has successfully completed a program in long-term care home administration or management that is a minimum of 100 hours in duration of instruction time;
3. The plan shall detail the ongoing support that will be provided to Mr. Vincent Barry Lazore by the qualified Administrator; and
4. The plan shall provide for quarterly updates from the qualified Administrator to Angèle Albert Ritchie, LTCH Inspector: January 31, 2017, May 31, 2017 and September 30, 2017, January 31, 2018 and May 31, 2018, as to the progress of Mr. Vincent Barry Lazore.

The plan is to be submitted to the attention of Long Term Care Home Inspector Angèle Albert Ritchie, at Ottawa Service Area Office, 347 Preston Street, 4th floor, Ottawa, ON, K1S 3J4, by fax at (613) 569-9670, or electronically to: OttawaSAO@ontario.ca. The plan is to be submitted by August 26, 2016.

**Grounds / Motifs :**

1. The licensee has failed to ensure that the home's Acting Administrator had successfully completed or, subject to subsection (6), was enrolled in, a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

At Tsiionkwanonhso:te Long-Term Care Home, the Administrator is referred to as the Program Manager.

On August 3, 2016 during a Follow-Up inspection, the Inspector was informed by the Acting Program Manager, Mr. Vincent Barry Lazore that he was the Acting

**Order(s) of the Inspector**

Pursuant to section 153 and/or  
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Administrator; he added that the Administrator previously hired by Assured Care had resigned at the end of May 2016 and that he had accepted an Acting Administrator position which started June 30, 2016. He further indicated that a job posting for a permanent part-time Administrator position was posted in the home with a closing date of August 4, 2016.

The Mohawk Council of Akwesasne Human Resources Personal Change Notice Form and Letter of Offer was reviewed by the Inspector and the following was documented:

**Acting Administrator**

- Position title changed from Food Services Supervisor to Acting Program Manager for Emergency Hire for a term duration from June 6, 2016 to September 6, 2016; and
- On July 21, 2016, the Food Services Supervisor signed a letter of Offer for the Acting Program Manager position with a start date of June 30, 2016.

Mr. Vincent Barry Lazore, Acting Administrator indicated that he had successfully completed the Food Services and Nutrition Management program in 2012 from the Canadian Healthcare Association (2 year online program). He further indicated that he would soon be completing his Bachelor of Science in Healthcare Management from South University. An unofficial transcript dated August 4, 2016 was reviewed by the Inspector, which indicated a total of 198 credits completed. The Acting Administrator further indicated that he had completed the last course for his program on August 3, 2016 and would soon receive a diploma. He indicated that he had not completed or enrolled in a program in long-term care home administration or management that was a minimum of 100 hours in duration of instruction time.

On August 16, 2016 during an interview with April White, Director of Health at the Mohawk Council of Akwesasne, she confirmed that she was a representative of the licensee. She indicated that she was aware that the Acting Administrator currently hired in a term position from June 30 to September 6, 2016 was not qualified to work in the capacity of Administrator. She indicated that the Acting Administrator had just completed a Bachelor of Science in Healthcare Management and was planning to start the long-term care home administration or management program in September 2016. She stated that the permanent part-time Administrator position was posted from July 21, 2016 to August 4,



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2016 but that it was unlikely that a permanent Administrator would be in place by September 6, 2016 as the Mohawk Council of Akwesasne's Human Resource Department was back logged. She further indicated that she was unsure when the interview process would be scheduled.

Therefore, the Tsiionkwanonhso:te Long-Term Care Home has had no qualified Administrator working 16 hours per week, since June 10, 2016, as per the LTCHA, s. 212(4).  
(545)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le : Jun 30, 2018**



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et  
des Soins de longue durée**

**Order(s) of the Inspector**

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### **REVIEW/APPEAL 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:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
TORONTO, ON  
M5S-2B1  
Fax: 416-327-7603





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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 Director

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

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections 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](http://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.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au:

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11<sup>e</sup> étage  
Ontario, 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.



**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*

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 :

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

Directeur  
a/s Coordinateur des appels  
Inspection de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Ontario, 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](http://www.hsarb.on.ca).

**Issued on this 19th day of August, 2016**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** Angele Albert-Ritchie

**Service Area Office /**

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