

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection prévue  
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 # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 4, 2019	2019_671684_0034	009835-19, 010059- 19, 010060-19, 010061-19, 010062-19	Follow up

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**Licensee/Titulaire de permis**

Unionville Home Society  
4300 Highway #7 MARKHAM ON L3R 1L8

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

Union Villa  
4300 Highway #7 Unionville ON L3R 1L8

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

SHELLEY MURPHY (684), AMANDA BELANGER (736), SHANNON RUSSELL (692)

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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): September 16-20 and September 23-27, 2019.**

**The following intakes were inspected upon during this Follow Up Inspection:**

- One log related to compliance order #001 that was issued during inspection #2019\_578672\_0001, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 19 (1);**
- One log related to compliance order #004 that was issued during inspection #2018\_578672\_0020, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 36;**
- One log related to compliance order #001 that was issued during inspection #2018\_578672\_0020, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 6(1);**
- One log related to compliance order #002 that was issued during inspection #2018\_578672\_0020, issued pursuant to LTCHA, 2007 S.O. 2007, c.8, s. 6 (7), and;**
- One log related to compliance order #003 that was issued during inspection #2018\_578672\_0020, issued pursuant to O.Reg 79/10, s. 8 (1).**

**Complaint inspection #2019\_671684\_0032 and Critical Incident System inspection #2019\_671684\_0033 were conducted concurrently with this Follow Up inspection.**

**During the course of the inspection, the inspector(s) spoke with the Chief Executive Officer (CEO), Acting Administrator, Director of Care (DOC), Registered Dietitian (RD), Social Worker (SW), Manager of Recreation, Facility and Environmental Manager, Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs), RAI Coordinator, Cook, Dietary Aide, Activity Aide, residents and families.**

**The Inspector also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, complaint records, as well as relevant policies and procedures.**

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

- Falls Prevention**
- Pain**
- Training and Orientation**

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)

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
LTCHA, 2007 S.O. 2007, c.8 s. 19. (1)	CO #001	2019_578672_0001		692
O.Reg 79/10 s. 36.	CO #004	2018_578672_0020		736
LTCHA, 2007 S.O. 2007, c.8 s. 6. (1)	CO #001	2018_578672_0020		684
LTCHA, 2007 S.O. 2007, c.8 s. 6. (7)	CO #002	2018_578672_0020		684
O.Reg 79/10 s. 8. (1)	CO #003	2018_578672_0020		736

**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>Légende</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. 101. Conditions of licence**

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

**s. 101. (3) It is a condition of every licence that the licensee shall comply with this Act, the Local Health System Integration Act, 2006, the Commitment to the Future of Medicare Act, 2004, the regulations, and every directive issued, order made or agreement entered into under this Act and those Acts. 2007, c. 8, s. 195 (12); 2017, c. 25, Sched. 5, s. 23.**

**Findings/Faits saillants :**

1. The licensee has failed to comply with the condition of the Long Term Care Home Act (LTCHA) that the licensee shall comply with every order made under the Act.

On May 13, 2019, compliance order (CO) #003 from inspection number 2018\_578672\_0020 made under O. Reg. 79/10, s. 8 (1) (b), was issued related to the compliance of the policy titled "Falls Management policy Number 15500", Date First Approved: November 2008; Date Last Reviewed: April 10, 2014, and, "Pain Management policy Number: 15735", Date First Approved: June 7, 2003; Date Last Reviewed: January 2013. The licensee was ordered the following:

The licensee must be compliant with r. 8 (1) (b) of the Ontario Regulation 79/10.

Specifically, the licensee was ordered to:

1. Ensure that the licensee's policies entitled "Falls Management"; Policy Number 15500; Date First Approved: November 2008; Date Last Reviewed: April 10, 2014, and, "Pain Management"; Policy Number: 15735; Date First Approved: June 7, 2003; Date Last Reviewed: January 2013, were complied with.
2. Re-educate all registered and PSW staff on the identified policies.
3. Test the staff member's knowledge, to ensure understanding of their role regarding falls prevention and pain management-what was required, specifically related to implementing interventions, assessments and documentation.
4. Maintain records of the education and testing provided to staff, and ensure it was available upon Inspector request.
5. Develop and implement an auditing process to ensure the above mentioned policies were complied with.
6. Develop an outline of corrective actions to be taken and by whom, if staff fail to implement the interventions as identified.

The compliance due date was September 13, 2019.

The licensee failed to be compliant with step 2 and 3 of the order, specifically, to re-educate all registered staff and Personal Support Workers (PSWs) on the identified policies, to test the staff member's knowledge, and to ensure understanding of their role regarding falls prevention and pain management – what was required, specifically related to implementing interventions, assessments and documentation.

In separate interviews with Registered Practical Nurse (RPN) #101 and Registered Nurse (RN) #108, they indicated to Inspector #736 that all education was completed on

“Surge Learning”. Both staff identified that they could not recall when they had completed the “Falls” education, however it had been in the calendar year; and, that they had completed the “Pain” education within the last week.

Inspector #736 reviewed the education records provided by the DOC related to Falls Prevention for the Registered and PSW staff; as well as, the Pain Management for Registered Staff. The DOC was not able to provide records to indicate that the PSWs had received education on Pain Management.

For the Falls Prevention education, of the 121 staff listed, 24 staff were listed as having completed the education between the compliance order date and the compliance due date. For the Pain Management education, of the 38 staff listed, two staff completed the education prior to the compliance due date.

In an interview with the DOC, they indicated to Inspector #736 that all education related to the order was provided to the staff through Surge Learning. The DOC further indicated that re-education was not provided to staff who had already completed education for Falls Prevention and Pain Management for 2019. The DOC also indicated that they were unable to provide education to PSW staff related to Pain Management prior to the compliance order due date. The DOC confirmed that they did not comply with the order, as the compliance order was due on September 13, 2019, and not all Registered Staff and PSW staff had completed the education. The DOC also indicated that PSWs had not had their knowledge tested related to the Pain Management policy, as the education had not yet been completed. [s. 101. (3)]

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**Issued on this 7th day of October, 2019**

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

**Original report signed by the inspector.**