

Ministère de la Santé et des Soins de longue durée

**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 London Service Area Office 130 Dufferin Avenue 4th floor LONDON ON N6A 5R2 Telephone: (519) 873-1200 Facsimile: (519) 873-1300

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## Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport No de l'inspection

Inspection No /

Log #/ No de registre

Type of Inspection / **Genre d'inspection** 

Nov 7, 2019

2019\_607523\_0050 017750-19

Complaint

#### Licensee/Titulaire de permis

AXR Operating (National) LP, by its general partners c/o Revera Long Term Care Inc. 5015 Spectrum Way, Suite 600 MISSISSAUGA ON L4W 0E4

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

ller Lodge 111 Her Avenue ESSEX ON N8M 1T6

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

ALI NASSER (523)

### 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): November 4, 2019.

This inspection was completed for Complaint Intake Log #017750-19, related to staffing concerns.

During the course of the inspection, the inspector(s) spoke with the Administrator, previous Administrator, Director of Care, two Registered staff members, two Personal Support Workers and a family member.

The inspector(s) also toured the home, observed residents and care provided to them, reviewed clinical records, staffing schedules, staffing plan and staffing back up plan.

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)



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NON-COMPLIANCE / NON - RESPECT DES EXIGENCES					
Legend	Légende				
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. 31. Nursing and personal support services

Specifically failed to comply with the following:

s. 31. (4) The licensee shall keep a written record relating to each evaluation under clause (3) (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. O. Reg. 79/10, s. 31 (4).

Findings/Faits saillants:



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The licensee has failed to ensure that there was a written record of each annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The Ministry of Long-Term Care received a complaint on a certain date. The complainant said during a telephone interview that the home was short on Personal Support Workers (PSWs) and that their family member was not receiving their required care in a timely manner.

In an interview, the Administrator said that the home evaluated and updated the staffing plan in August 2019. The Administrator had no written record of the evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

In a telephone interview, previous Administrator said that there was no written record of the annual evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The home failed to keep a written record of the evaluation of the staffing plan including the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented. [s. 31. (4)]



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Issued on this 7th day of November, 2019

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

Original report signed by the inspector.