



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Oct 3, 2018	2018_657681_0023	008508-18	Follow up

Licensee/Titulaire de permis

The Lady Minto Hospital at Cochrane
241 Eighth Street P.O. Box 4000 COCHRANE ON P0L 1C0

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

Villa Minto
241 Eighth Street P.O. Box 280 COCHRANE ON P0L 1C0

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

STEPHANIE DONI (681)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): September 26 - 27, 2018.

The following intake was inspected on during this Follow up inspection:

- One intake related to compliance order (CO) #001 that was issued during inspection #2018_679638_0008, s. 82 (1) of the Ontario Regulation 79/10, specific to the home's attending physician.

A Critical Incident (CI) inspection #2018_657681_0022, was conducted concurrently with this inspection.

During the course of the inspection, the inspector(s) spoke with the Director of Care (DOC), Registered Nurses (RNs), Personal Support Workers (PSWs), Recreation Therapy and Volunteer Coordinator, family members, and residents.

The Inspector also conducted a tour of the resident care areas, reviewed relevant resident care records, home investigation notes, home policies, and observed resident rooms, resident common areas, and the delivery of resident care and services, including resident-staff interactions.

**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)

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. 82. (1)	CO #001	2018_679638_0008		681

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
<p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</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



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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 ensure that they complied 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.

The licensee was to be compliant with CO #001 from Inspection #2018_679638_0008 that was issued to the home on April 26, 2018, and had a compliance due date of June 29, 2018.

The licensee was ordered to ensure that they were compliant with section 82 (1) of the Ontario Regulation 79/10. Specifically the licensee was ordered to:

- a) Develop an auditing process to ensure that residents received a physical examination on admission and annually thereafter.
- b) Train the staff responsible for ensuring the physical examinations were completed by the physician, to ensure they were aware of their role and its requirements. A record of when the training occurred and who the training was provided to, was to be maintained.

While the licensee complied with section "a" of the compliance order, non-compliance continued to be identified with section "b", where the licensee was ordered to maintain a record of when the training occurred and who the training was provided to.

During an interview with RN #102, they indicated that they were responsible for assisting Physician #110 with physical examinations and for tracking which physical examinations had been completed.

The Inspector requested documentation to indicate when registered staff had been trained on the home's process for completing physical examinations and who had been trained. The DOC indicated that the RN's were responsible for ensuring that Physician #110 was aware of which residents were due for their physical examination and for tracking which physical examinations had been completed. The DOC indicated that the home did not have a written record to indicate when registered staff were trained on the process for ensuring that physical examinations were completed by the physician. [s. 101. (3)]



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Issued on this 4th day of October, 2018

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

Original report signed by the inspector.