



**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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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Dec 2, 2016	2016_325568_0027	032704-16	Resident Quality Inspection

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

THE VILLAGE SENIORS COMMUNITY
101-10TH STREET HANOVER ON N4N 1M9

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

DOROTHY GINTHER (568), REBECCA DEWITTE (521), SHARON PERRY (155)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 22, 23, 24, 2016

A complaint inspection, log # 032359-16 IL-47897-LO related to sufficient staffing was conducted in conjunction with the RQI.

During the course of the inspection, the inspector(s) spoke with the Executive Director, Director of Care, Assistant Director of Care, Recreation Services Manager, one Registered Nurse, one Registered Practical Nurse, three Personal Support Workers, one Health Care Aide, a Residents' Council representative, a Family Council representative, residents and their families.

The inspectors toured the home, observed medication administration, medication storage; reviewed relevant clinical records, policies and procedures, meeting minutes, schedules, posting of required information; observed the provision of resident care, resident-staff interactions, and observed the general maintenance, cleanliness, safety and condition of the home.

The following Inspection Protocols were used during this inspection:
Contenance Care and Bowel Management
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Residents' Council
Sufficient Staffing

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

2 WN(s)

2 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

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>Legendé</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. 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 has failed to ensure that at least one registered nurse, who was an employee of the licensee and a member of the regular nursing staff, was on duty and present at all times unless there was an allowable exception to this requirement.

Review of the master copy of the staff schedule revealed that for the period from October 22, 2016 to November 18, 2016, there were 28 out of 84 (33 percent) shifts where there was no Registered Nurse, that was an employee of the licensee, working in the home. Two out of the twenty eight shifts were filled by agency Registered Nurses.

Review of an anonymous complaint received by the Ministry of Health and Long Term Care Action Line, indicated that the licensee was allegedly operating without a Registered Nurse on duty and this was impacting resident care.

Records indicated that one Registered Nurse (RN) #110 had recently resigned and a second RN #111 had requested they move from full time to part time.

Record review identified that the licensee had signed a contract with a staffing agency on November 14, 2016.

During an interview with the Director of Care (DOC) #103 they shared that the home was operating under a staffing crisis. The DOC #103 further stated that they had posted an advertisement on the licensee's website on November 3, 2016, offering a part time vacancy for a Registered Nurse. According to the DOC #103, the licensee's website fed this advertisement to other recruitment agencies for public viewing.

The Director of Care #103 acknowledged that the home did not have a Registered Nurse that was an employee of the licensee and a member of the regular nursing staff on duty at all times.

The severity of this area of noncompliance was identified as minimal harm with potential for actual harm. The scope was considered a pattern as there were 33 percent of the shifts that were not filled by a Registered Nurse, that was an employee of the licensee and a member of the regular nursing staff. The compliance history was a level two, one or more unrelated noncompliance in the last three years. [s. 8. (3)]



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 at least one registered nurse, who is an employee of the licensee and a member of the regular nursing staff, is on duty and present at all times, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 130. Security of drug supply

Every licensee of a long-term care home shall ensure that steps are taken to ensure the security of the drug supply, including the following:

1. All areas where drugs are stored shall be kept locked at all times, when not in use.

2. Access to these areas shall be restricted to,

- i. persons who may dispense, prescribe or administer drugs in the home, and**
- ii. the Administrator.**

3. A monthly audit shall be undertaken of the daily count sheets of controlled substances to determine if there are any discrepancies and that immediate action is taken if any discrepancies are discovered. O. Reg. 79/10, s. 130.

Findings/Faits saillants :



1. The licensee failed to ensure that all areas where drugs were stored were kept locked at all times, when not in use.

During the Resident Quality Inspection, an inspector observed the medication room door propped open with a door stopper and no staff in attendance. The inspector remained by the open medication room door. There were several residents in the area of the nursing station, either sitting or walking past. Within a few minutes, a registered staff returned to the medication room. The registered staff shared that the medication room was not to be left open and lifted the door stopper with their foot and closed the door.

The licensee failed to ensure that all areas where drugs were stored were kept locked at all times.

The severity of this area of noncompliance was identified as minimal harm with potential for actual harm, and the scope was isolated. The compliance history identified a similar area of noncompliance issued September 22, 2015, with respect to a medication cart not being locked. [s. 130. 1.]

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 all areas where drugs were stored were kept locked at all times, when not in use, to be implemented voluntarily.

Issued on this 2nd day of December, 2016

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



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Original report signed by the inspector.