



**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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Public Copy/Copie du public

Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Jun 13, 2016	2016_323130_0010	013360-16	Complaint

Licensee/Titulaire de permis

CVH (no.1) LP
c/o Southbridge Care Homes Inc. 766 Hespeler Road, Suite 301 CAMBRIDGE ON N3H
5L8

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

WEST PARK HEALTH CENTRE
103 Pelham Road St Catharines ON L2S 1S9

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

GILLIAN TRACEY (130)

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): June 1, 2016.

PLEASE NOTE: some concerns identified in this complaint were inspected during the following RQI: 2016_250511_0006/008291-16. Please refer to that report for non compliance related to staffing.

During the course of the inspection, the inspector(s) spoke with Administrator, Director of Care (DOC), Recreation Manager, Office Manager, Manager of Housekeeping/Laundry, registered staff including Registered Nurses (RN's) and Registered Practical Nurses (RPN's), Personal Support Workers (PSW's), recreation staff, family members and residents.

During the course of the inspection the Inspectors observed the provision of resident care, meal service, reviewed applicable policies, practices and resident clinical records.

Ad-hoc notes were used during this inspection.

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

1 WN(s)

1 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<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. (4) Every licensee shall comply with the conditions to which the licence is subject. 2007, c. 8, s. 101. (4).

Findings/Faits saillants :

1. The licensee failed to comply with the conditions to which the licensee was subject as outlined in section 4.1 Schedule C of the Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health System Integration Act, 2006, which reads,



"The Health Service provider shall use the funding allocated for an envelope for the use set out in applicable policy". The Long-Term Care Homes Nursing and Personal (NPC) Envelope Section 1. b) reads, 1. Expenditures on salaries, wages, benefits and purchased services for active direct care staff (e.g., registered nurses, registered practical nurses, personal support workers, and other persons hired to provide personal support services) and for nursing and personal care administrators (e.g., director of nursing and personal care, nurse managers, unit clerks, MDS RAI Coordinator, and, shared clinical nursing consultants) who assess, plan, provide, assist, evaluate, and document the direct care required to meet the residents' assessed nursing and personal care requirements if, and only if: a) Staff provides nursing and personal care directly to the resident to meet the nursing and personal care requirements assessed in a care plan or plan of care. b) Direct nursing and personal care includes the following activities: assistance with the activities of daily living including personal hygiene services, administration of medication, and nursing care.

The Long-Term Care Homes Program Support Services (PSS) Envelope Section 1. Identifies eligible expenditure items under PSS Expenditures on the salaries and benefits and purchased services for staff (e.g., physiotherapists, speech language therapists, occupational therapists, OT/PT aides, recreational staff, volunteer coordinators, social workers, resident program advisors, registered dietitian time [in accordance with section 2.2 of the LTCH Level-of-Care Per Diem Funding Policy], and others) that provide support services directly to residents or conduct programs for the residents if, and only if: a) Support services and programs are required under the Long-Term Care Homes Act, 2007, are in the schedule of recreation and social activities, or are assessed in a care plan or plan of care to benefit the maintenance or improvement of the level of functioning of residents with regard to the activities of daily living and/or improve the quality of life of residents.

(A) On June 2, 2016, the full time Office Coordinator (Manager) confirmed that 45 hours biweekly, of their wages, were billed to the NPC envelope and 30 hours to the other accommodation envelope. It was also confirmed that the hours charged to the NPC envelope was not time dedicated to assisting the nursing department and that she rarely conducted nursing department tasks. This information was confirmed by the job description provided by the home and nursing staff #801, who confirmed that the Office Coordinator (Manager) did not routinely assist the nursing department with nursing related duties specifically up to 45 hours biweekly.

(B) On June 2, 2016, the Manager of Recreation Services stated at the direction of the



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Administrator, recreation staff were informed that their positions now included assisting in the dining rooms for breakfast, lunch and dinner, including the pouring and distributing of beverages and the clearing of tables after meals, which was verified by staff #802. These tasks are ineligible expenditures under the PSS envelope according to the LSAA. (Inspector #130). [s. 101. (4)]

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 the conditions to which the licensee is subject as outlined in section 4.1 Schedule C of the Long-Term Care Home Service Accountability Agreement (LSAA) with the Local Health System Integration Act, 2006, is complied with, to be implemented voluntarily.

Issued on this 13th day of June, 2016

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

Original report signed by the inspector.