



**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
prévue le Loi de 2007 les
foyers de soins de longue**

Health System Accountability and Performance

Division
Performance Improvement and Compliance Branch
**Division de la responsabilisation et de la
performance du système de santé**
**Direction de l'amélioration de la performance et de la
conformité**

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347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
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Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 23, 26, 27, 28, 29, 2012	2012_038197_0035	Complaint

Licensee/Titulaire de permis

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

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

WOODLAND VILLA
30 Milles Roches Road, R. R. #1, Long Sault, ON, K0C-1P0

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

JESSICA PATTISON (197)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, a Registered Nurse, Registered Practical Nurses, Health Care Aids, residents, family members and activity staff.

During the course of the inspection, the inspector(s) reviewed the home's staffing plan and schedule, the annual staffing and scheduling assessment, bathing schedules, health care records, a complaint email and response letter and observed part of a lunch meal.

The following Inspection Protocols were used during this inspection:

Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES



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Legend	Legendé
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.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 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. 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 LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services

Specifically failed to comply with the following subsections:

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 comply with LTCHA 2007, s. 8(3) in that there was not at least one Registered Nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times in the home.

Woodland Villa is an 111 bed long term-care home.

While conducting a complaint inspection related to staffing and personal care it was brought to the inspector's attention by staff that the home was not able to provide 24/7 Registered Nurse coverage.

A review of the home's Registered Nurse schedule and confirmation from the Director of Care showed that the home did not have a Registered Nurse on duty and in the home for the following dates/shifts:

- July 12, 2012 night shift (8 hours)
- July 25, 2012 evening shift (8 hours)
- July 29, 2012 day shift (8 hours)
- August 14, 2012 evening shift (8 hours)
- August 29, 2012 evening shift (3 hours)
- September 6, 2012 night shift (8 hours)
- October 27, 2012 day shift (1.5 hours)
- November 17, 2012 day shift (8 hours)
- November 20, 2012 night shift (8 hours)

The uncovered shifts above were not identified by the home to have occurred due to an emergency or a planned or extended leave of absence by a registered nurse. Therefore, the exceptions to the requirement, Ontario Regulations 79/10 s. 45 (1)(2) are not applicable.



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Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the “Order(s) of the Inspector”.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 33. Bathing

Specifically failed to comply with the following subsections:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee has failed to comply with O. Reg. 79/10, s. 33(1) in that not all residents have been bathed, at a minimum, twice a week by the method of his or her choice, including tub baths, showers, and full body sponge baths, and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

Resident #1 is scheduled for baths two days per week, as per the bathing schedule.

The plan of care for resident #1 states that he/she prefers a tub bath for all bathing and is totally dependent on staff for bathing.

Bathing records for resident #1 indicate the following:

- for the two week period of November 1-15, 2012 he/she was bathed two times

During an interview, resident #1 stated that there was a time (no date given) when he/she was not being bathed two times per week.

Resident #2 is scheduled to be bathed two days per week, as per the bathing schedule.

The plan of care for resident #2 indicates that he/she requires extensive assistance for bathing and prefers a tub bath.

The bathing records for resident #2 show the following:

- for the two week period of October 1-15, 2012 the resident was bathed two times

- for the two week period of October 16-31, 2012 the resident was bathed two times and given one bed bath

- for the two week period of November 1-15, 2012 the resident was bathed three times

A family member of resident #2 stated in an interview that that he/she visited the home on an unspecified date and felt that the resident's hair was dirty. When the family member requested to look at the bathing schedule, resident #2 was only scheduled for one tub bath per week at this time.

Resident #6 is scheduled to be bathed two days per week, as per the bathing schedule.

The plan of care for resident #6 indicates that he/she prefers a tub bath for all bathing and requires extensive assistance.

The bathing records for resident #6 indicates the following:

- for the two week period of October 16 - 31, 2012 the resident was bathed two times

Interviews with nursing, personal support and activity staff indicated that the home has recently been short one Health Care Aid on some shifts and five staff members stated that baths have been missed for some residents as result.

One staff member stated that the general practice in the home is that each resident has one scheduled bath per week and their second bath is to be a bed bath, regardless of the resident's bathing preference.



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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 residents are bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition, to be implemented voluntarily.

Issued on this 30th day of November, 2012

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

A handwritten signature in black ink, appearing to read "Jessica Pattin, RD". The signature is fluid and cursive, with "Jessica" on top and "Pattin, RD" below it.



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or
section 154 of the *Long-Term Care
Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
de soins de longue durée*, L.O. 2007, chap. 8

**Health System Accountability and Performance Division
Performance Improvement and Compliance Branch**

**Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité**

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**Name of Inspector (ID #) /
Nom de l'inspecteur (No) :**

JESSICA PATTISON (197)

Inspection No. /

No de l'inspection :

2012_038197_0035

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

Complaint

**Date of Inspection /
Date de l'inspection :**

Nov 23, 26, 27, 28, 29, 2012

Licensee /

Titulaire de permis :

OMNI HEALTH CARE LIMITED PARTNERSHIP
1840 LANSDOWNE STREET WEST, UNIT 12, PETERBOROUGH, ON, K9K-2M9

**LTC Home /
Foyer de SLD :**

WOODLAND VILLA
30 Milles Roches Road, R. R. #1, Long Sault, ON, K0C-1P0

**Name of Administrator /
Nom de l'administratrice
ou de l'administrateur :**

MICHAEL RASENBERG

To OMNI HEALTH CARE LIMITED PARTNERSHIP, you are hereby required to comply with the following order(s) by the date(s) set out below:



**Ministry of Health and
Long-Term Care**

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

**Ministère de la Santé et
des Soins de longue durée**

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 de la *Loi de 2007 sur les foyers de soins de longue durée*, L.O. 2007, chap. 8

Order # /
Ordre no : 001

Order Type /
Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to meet the requirement that at least one registered nurse who is both an employee and a member of the regular nursing staff of the home is on duty and present in the home at all times.

The plan is to be submitted in writing on or before December 7, 2012 to Inspector, Jessica Pattison, by mail at 347 Preston Street, 4th floor, Ottawa, Ontario, K1S 3J4, or by fax at 613-569-9670.

Grounds / Motifs :

1. The licensee has failed to comply with LTCHA 2007, s. 8(3) in that there was not at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times in the home.

Woodland Villa is an 111 bed long term care home.

While conducting a complaint inspection related to staffing and personal care it was brought to the inspector's attention by staff that the home was not able to provide 24/7 Registered Nurse coverage.

A review of the home's Registered Nurse schedule and confirmation from the Director of Care showed that the home did not have a Registered Nurse on duty and in the home for the following dates/shifts:

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- August 29, 2012 evening shift (3 hours)
- September 6, 2012 night shift (8 hours)
- October 27, 2012 day shift (1.5 hours)
- November 17, 2012 day shift (8 hours)
- November 20, 2012 night shift (8 hours)

The uncovered shifts above were not identified by the home to have occurred due to an emergency or a planned or extended leave of absence by a registered nurse. Therefore, the exceptions to the requirement, Ontario Regulations 79/10 s. 45 (1)(2) are not applicable. (197)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Dec 31, 2012



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Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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REVIEW/APPEAL INFORMATION

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

- (a) the portions of the order in respect of which the review is requested;
- (b) any submissions that the Licensee wishes the Director to consider; and
- (c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Director

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON M5S 2T5

Director
c/o Appeals Coordinator
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Avenue West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2
Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.



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section 154 of the *Long-Term Care
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Ordre(s) de l'inspecteur

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RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

PRENDRE AVIS

En vertu de l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis peut demander au directeur de réexaminer l'ordre ou les ordres qu'il a donné et d'en suspendre l'exécution.

La demande de réexamen doit être présentée par écrit et est signifiée au directeur dans les 28 jours qui suivent la signification de l'ordre au titulaire de permis.

La demande de réexamen doit contenir ce qui suit :

- a) les parties de l'ordre qui font l'objet de la demande de réexamen;
- b) les observations que le titulaire de permis souhaite que le directeur examine;
- c) l'adresse du titulaire de permis aux fins de signification.

La demande écrite est signifiée en personne ou envoyée par courrier recommandé ou par télécopieur au :

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

Les demandes envoyées par courrier recommandé sont réputées avoir été signifiées le cinquième jour suivant l'envoi et, en cas de transmission par télécopieur, la signification est réputée faite le jour ouvrable suivant l'envoi. Si le titulaire de permis ne reçoit pas d'avis écrit de la décision du directeur dans les 28 jours suivant la signification de la demande de réexamen, l'ordre ou les ordres sont réputés confirmés par le directeur. Dans ce cas, le titulaire de permis est réputé avoir reçu une copie de la décision avant l'expiration du délai de 28 jours.

En vertu de l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée, le titulaire de permis a le droit d'interjeter appel, auprès de la Commission d'appel et de révision des services de santé, de la décision rendue par le directeur au sujet d'une demande de réexamen d'un ordre ou d'ordres donnés par un inspecteur. La Commission est un tribunal indépendant du ministère. Il a été établi en vertu de la loi et il a pour mandat de trancher des litiges concernant les services de santé. Le titulaire de permis qui décide de demander une audience doit, dans les 28 jours qui suivent celui où lui a été signifié l'avis de décision du directeur, faire parvenir un avis d'appel écrit aux deux endroits suivants :

À l'attention du registraire
Commission d'appel et de révision des services de santé
151, rue Bloor Ouest, 9e étage
Toronto (Ontario) M5S 2T5

Directeur
a/s Coordinateur des appels
Direction de l'amélioration de la performance et de la conformité
Ministère de la Santé et des Soins de longue durée
55, avenue St. Clair Ouest
8e étage, bureau 800
Toronto (Ontario) M4V 2Y2
Télécopieur : 416-327-7603

La Commission accusera réception des avis d'appel et transmettra des instructions sur la façon de procéder pour interjeter appel. Les titulaires de permis peuvent se renseigner sur la Commission d'appel et de révision des services de santé en consultant son site Web, au www.hsb.on.ca.

Issued on this 29th day of November, 2012

**Signature of Inspector /
Signature de l'inspecteur :**

**Name of Inspector /
Nom de l'inspecteur :** Jessica Pattison

**Service Area Office /
Bureau régional de services :** Ottawa Service Area Office