



**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**

Sudbury Service Area Office
159 Cedar Street Suite 403
SUDBURY ON P3E 6A5
Telephone: (705) 564-3130
Facsimile: (705) 564-3133

Bureau régional de services de
Sudbury
159 rue Cedar Bureau 403
SUDBURY ON P3E 6A5
Téléphone: (705) 564-3130
Télécopieur: (705) 564-3133

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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
Jul 10, 2017	2017_435621_0018	008082-17	Complaint

Licensee/Titulaire de permis

RIVERSIDE HEALTH CARE FACILITIES, INC.
110 VICTORIA AVENUE FORT FRANCES ON P9A 2B7

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

RAINYCREST
550 OSBORNE STREET FORT FRANCES ON P9A 3T2

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

JULIE KUORIKOSKI (621)

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 5 - 9, 2017.

**A Critical Incident System (CIS) Inspection #2017_435621_0016 and Other
Inspection #2017_435621_0017 were conducted concurrently with this inspection.**

**This Complaint Inspection was related to one complaint which alleged lack of
training for registered staff, no Director of Care (DOC) or designate on site, and
that an agency Registered Nurse (RN) worked as the only RN on duty.**

**During the course of the inspection, the inspector(s) spoke with the interim
Administrator, Administrative Assistant and Scheduler.**

**The Inspector also reviewed RN staffing schedules, "Nursing Relief" records and
the home's staffing contingency plan.**

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

<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 :

The licensee has failed to ensure that at least one registered nurse who was both an



employee of the licensee and a member of the regular nursing staff of the home was on duty and present in the home at all times, except as provided for in the regulations.

The licensee is licensed for a bed capacity of 164 beds, and as a consequence does not meet the exceptions as identified in O.Reg 79/10 s.45 to have at least one registered nurse who was both an employee of the licensee and a member of the regular nursing staff on duty and present in the home at all times.

A complaint was received by the Director in April 2017, which alleged that during a specific day in April 2017, no Registered Nurse (RN) was on duty in the home, who was both an employee of the licensee and a member of the regular nursing staff. The complaint further identified that the home had utilized an agency RN during that time, which did not meet legislative requirements.

During an interview on a day in June 2017, with Scheduler #119, they reported to Inspector #621 that they were responsible for maintaining the active staffing schedule for RNs, Registered Practical Nurses (RPNs) and Personal Support Workers (PSWs) in the home. Scheduler #119 identified the process for replacing RN staff who could not work their scheduled shift. When the Inspector inquired whether an agency RN had worked during a specific shift during a specific day in April 2017, as the only RN on duty, Scheduler #119 reported that agency RN #134 worked for a specific shift in both April and May 2017, as the only RN in the home.

During an interview on another day in June 2017, Administrative Assistant #131, reported to the Inspector that in addition to use of an agency RN #134 to work as the only RN on duty during a specific shift in April and May 2017, there was another occasion on a day in January 2017, when the Assistant Director of Care (ADOC), who was hired as an agency RN at the time, worked as the only RN in the home for a specific time period.

The Inspector reviewed copies of the staffing replacement schedule for specific days in January 2017, April and May 2017. The staffing replacement schedules identified that the ADOC worked as the only RN on duty during a specific shift on a specified day in January 2017, and agency RN #134 worked during specific shifts as the only RN on duty for a day in both April and May 2017.

During an interview with the interim Administrator on a specific day in June 2017, they reported to Inspector #621 that they were aware that an agency RN worked during a



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specific shift on a day in January, April, and May 2017, as the only RN in the building, and that it was also their expectation that at least one RN who was both an employee of the licensee and member of the regular nursing staff of the home was on duty and present in the home at all times. [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 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, to be implemented voluntarily.

Issued on this 10th day of July, 2017

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

Original report signed by the inspector.