



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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Table with 3 columns: Date(s) of inspection, Inspection No, Type of Inspection. Row 1: Jun 1, 2011, 2011_071159_0004, Follow up

Licensee/Titulaire de permis

ST. JOSEPH'S HEALTH SYSTEM
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7

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

ST JOSEPH'S VILLA, DUNDAS
56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7

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

ASHA SEHGAL (159)

Inspection Summary/Résumé de l'inspection

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

During the course of the inspection, the inspector(s) spoke with Administrator, Acting Director of Care, Unit Manager, Registered Nursing and Personal Support Workers, and Dietary Staff.

During the course of the inspection, the inspector(s) Observed Breakfast meal service on Maple and Trillium home areas, interview residents, staff,review staffing deployment on the units.

The following Inspection Protocols were used in part or in whole during this inspection:

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES

Definitions

WN - Written Notification
VPC - Voluntary Plan of Correction
DR - Director Referral
CO - Compliance Order
WAO - Work and Activity Order

Définitions

WN - Avis écrit
VPC - Plan de redressement volontaire
DR - Aiguillage au directeur
CO - Ordre de conformité
WAO - Ordres : travaux et activités



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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.)

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.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

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 O.Reg 79/10, s. 31. Nursing and personal support services
Specifically failed to comply with the following subsections:

- s. 31. (3) The staffing plan must,**
- (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation;**
 - (b) set out the organization and scheduling of staff shifts;**
 - (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident;**
 - (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and**
 - (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).**

Findings/Faits sayants :

1. On June 1, 2011, staffing deployment on Maple and Trillium home areas was not provided for staffing mix consistent with residents' assessed care needs.
Residents who required personal support assistance in the morning were not brought into the dining room in a timely manner for start of the breakfast meal service. The breakfast meal service time scheduled 7:45 a.m, residents were still being brought into dining room 8:20a.m. For residents, those who required assistance with eating, there was no personal support worker in the dining room to provide assistance to residents. An identified resident arrived at approximately 8:05 did not receive breakfast until 8:20. Dietary staff was unable to serve meal as the resident required total assistance with eating and Personal support workers were not available to assist.

On Trillium home area the breakfast meal service time was scheduled 8:30 a.m, but dining room doors were closed and residents were not able to come into the dining room until 8:40a.m. There were only 12 residents brought to the dining room and the breakfast meal service did not start until 8:50 a.m. There is only one dietary aide assigned to both Maple and Trillium home areas. The dietary aide was observed serving main course at the same time preparing toast and also clearing tables (removing dirty dishes)between the courses. Additional residents were being brought into the dining room at 9:40 am for breakfast. A resident waited for more than 20 minutes for the main course after eating cereal, the dietary staff had left for Maple home area to do dishes and clean tables.

Additional Required Actions:

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

June 16th / 2011

Issued on this 3rd day of July, 2011

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

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Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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) : ASHA SEHGAL (159)
Inspection No. / No de l'inspection : 2011_071159_0004
Type of Inspection / Genre d'inspection: Follow up
Date of Inspection / Date de l'inspection : Jun 1, 2011
Licensee / Titulaire de permis : ST. JOSEPH'S HEALTH SYSTEM 56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7
LTC Home / Foyer de SLD : ST JOSEPH'S VILLA, DUNDAS 56 GOVERNOR'S ROAD, DUNDAS, ON, L9H-5G7
Name of Administrator / Nom de l'administratrice ou de l'administrateur : SHAWN GADSBY

To ST. JOSEPH'S HEALTH SYSTEM, you are hereby required to comply with the following order(s) by the date(s) set out below:

Order # / Order Type / Ordre no : 001 Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

- O.Reg 79/10, s. 31. (3) The staffing plan must, (a) provide for a staffing mix that is consistent with residents' assessed care and safety needs and that meets the requirements set out in the Act and this Regulation; (b) set out the organization and scheduling of staff shifts; (c) promote continuity of care by minimizing the number of different staff members who provide nursing and personal support services to each resident; (d) include a back-up plan for nursing and personal care staffing that addresses situations when staff, including the staff who must provide the nursing coverage required under subsection 8 (3) of the Act, cannot come to work; and (e) be evaluated and updated at least annually in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 31 (3).

Order / Ordre :



**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

The licensee must ensure that the staffing mix is consistent with residents' assessed care and safety needs and that they meet the requirements set out in the Act and this Regulation:

- a) ensuring that staffing mix deployment on Maple and Trillium Home Area is consistent with residents' assessed care needs
- b) ensuring that residents who require personal support assistance in the morning are brought in to the dining room in a timely manner
- c) ensuring that breakfast meal is served on scheduled time
- d) ensuring that nursing and personal support workers are available for the start of the breakfast meal
- e) ensuring that staff is available to provide assistance with eating for residents requiring such help.

Grounds / Motifs :

1. On Trillium Home Area breakfast meal service time scheduled for 8:30 hours, did not start until 8:55 hours. The dining room doors were closed and residents were not able to come in to the dining room until 8:40am. There was no registered nursing staff or personal support worker in the dining room until 9:00 am. There is only one dietary staff assigned to both Maple and Trillium home areas over the breakfast meal service. The dietary aide was observed serving main course at the same time preparing toast, and also clearing tables. A resident waited for the main course for 20 minutes after eating cereal, as the dietary staff left Trillium dining room to clean up Maple dining room and to do dishes. At 9:40 resident was brought in to the dining room for breakfast, resident waited for more than ten minutes to be assisted with eating. The personal support worker left the dining room to deliver a meal tray to a resident in room. (159)
2. On June, 1, 2011 staffing deployment on Maple and Trillium Home Areas did not provide for a staffing mix that is consistent with residents' assessed care needs and with organization of the Nursing and Dietary departments. Breakfast meal service scheduled at 7:45 hours for residents in Maple Home area was late and did not start until 8:15 hours. At 7:50 there were only 5 residents in the dining room, nursing staff were not available to start breakfast. A resident arrived at approximately 8:05 did not receive breakfast until 8:20, the dietary staff was unable to serve food as the resident required total physical assistance with eating but staff was not available to provide help.

(159)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jul 28, 2011



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

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

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

REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

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 Clerk Performance Improvement and Compliance Branch Ministry of Health and Long-Term Care 55 St. Clair Ave. West Suite 800, 8th floor Toronto, ON M4V 2Y2 Fax: 416-327-760

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

c/o Appeals Clerk Performance Improvement and Compliance Branch 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.

Issued on this 3rd day of July, 2011

Signature of Inspector / Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : ASHA SEHGAL

Service Area Office /

Bureau régional de services : Hamilton Service Area Office