



**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**

**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**

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de
Hamilton
119, rue King Ouest, 11^{ième} étage
HAMILTON, ON, L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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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
May 20, 2014	2014_240506_0012	H-000041- 14/H-000250 -14	Complaint

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

LESLEY EDWARDS (506)

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): May 7, 8, 9,12,13 and 14,
2014**

During the course of the inspection, the inspector(s) spoke with Director of Care (DOC), Associate Director of Care(ADOC), Food Service Manager(FSM), Dietary Manager, Registered nursing staff, Personal Support Workers(PSW), Dietary aides, families, residents and a former resident of the home.

During the course of the inspection, the inspector(s) toured the home, observed the provision of care and services provided on four home areas and reviewed relevant documents including, but not limited to: policies and procedures and clinical records.

The following Inspection Protocols were used during this inspection:

**Accommodation Services - Laundry
Continence Care and Bowel Management
Dignity, Choice and Privacy
Dining Observation
Falls Prevention
Hospitalization and Change in Condition
Medication
Nutrition and Hydration
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.



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 O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following:

s. 71. (3) The licensee shall ensure that each resident is offered a minimum of, (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and O. Reg. 79/10, s. 71 (3).

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits saillants :



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1. The licensee did not ensure that all residents received a between meal beverage in the morning.

Previously issued as a CO on May 16, 2013.

On an identified date in May, 2014, on two home areas, the beverage cart was not observed being provided to residents in the morning. Staff confirmed the beverages were not served in the am because they were short a floater PSW which is assigned to serve the am beverages. Staff confirmed if they are short a PSW on either unit then the serving of the am beverages is routinely not completed. [s. 71. (3) (b)]

2. Not all planned menu items were offered and available at each meal.

Previously issued as a VPC on May 16, 2013.

The daily menu for the lunch meal on an identified date in May, 2014, indicated beef barley soup was to be offered however, this was not prepared or available to the residents due to the scheduled maintenance on the home's main generator. The FSM confirmed the home did not plan accordingly or make any adjustments to the planned menu to substitute for not having the soup. [s. 71. (4)]

Additional Required Actions:

CO # - 001, 002 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. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).

(b) is complied with. O. Reg. 79/10, s. 8 (1).



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Findings/Faits saillants :

1. The licensee did not ensure that the policy and procedure for theft or loss was complied with.

In the home's Risk Management Manual policy for theft or loss policy number RSK-POL/3, (last revised February 2013) indicated that the home upon discovering a suspected theft or loss a Missing Personal Property form is to be completed and the bottom portion is to be removed and retained in the resident's file. The report is to be sent to the Resident Property Clerk for investigation and search. Resident #001's purse went missing while resident was in the hospital and the purse has never been located. The home did not complete the Missing Personal Property form. The ADOC confirmed the home did not follow their policy for theft or lost items. [s. 8. (1) (b)]

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 and to ensure that the home's policy and procedure for theft or loss is complied with, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care



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Specifically failed to comply with the following:

- s. 50. (2) Every licensee of a long-term care home shall ensure that,**
- (b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,**
 - (i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,**
 - (ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,**
 - (iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and**
 - (iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated; O. Reg. 79/10, s. 50 (2).**
-

Findings/Faits saillants :



1. The licensee did not ensure that residents exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds, were assessed at least weekly by a member of the registered nursing staff.

This area of non-compliance is presently a CO with a compliance date of June 1, 2014.

A) Resident #004 had a rash to their skin prior to December 2013. The home's skin and wound policy directs staff to complete weekly wound assessments on all rashes. A review of the resident's health file from December 2013 until May 12, 2014 indicated that a weekly skin assessment was completed only once.

B) Resident #005 had rashes to their skin prior to December 2013. A record review of the resident's health file from December 2013 until May 12, 2014 indicated that only three weekly skin assessments were completed.

C) Resident #006 had a pressure ulcer on an identified date in January, 2014. A record review of the resident's health file from an identified date in January, 2013 when the pressure ulcer was discovered until an identified date in May, 2014 indicated that only three weekly skin assessments were completed.

The ADOC confirmed that the weekly skin assessments were not being completed. [s. 50. (2) (b) (iv)]

WN #4: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 73. Staff qualifications

Every licensee of a long-term care home shall ensure that all the staff of the home, including the persons mentioned in sections 70 to 72,

- (a) have the proper skills and qualifications to perform their duties; and
- (b) possess the qualifications provided for in the regulations. 2007, c. 8, s. 73..

Findings/Faits saillants :



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1. The licensee did not ensure that all the staff of the home, had the proper skills and qualifications to perform their duties.

A) On an identified date in May, 2014, an RPN informed the inspector that at times the RPN has to plate meals in the dining room to cover until the dietary aide arrives to the unit or after they leave the unit to go to another unit to serve. The RPN confirmed they did not have a Food Service Worker certificate or completed a Food Handler Training program.

B) On an identified date in May, 2014, two RPN's confirmed that most days for breakfast and sometimes the lunch meal they have to plate meals in the Primrose and Trillium dining rooms to cover after the dietary aide leaves the unit. The RPN's confirmed they do not have a Food Service Worker certificate or completed a Food Handler Training program.

C) The dietary aide confirmed that most days on the Primrose unit the RPN is plating food primarily for breakfast.

Interviews with management staff identified that they were unaware this practice was happening on the units. [s. 73. (a)]

Issued on this 20th day of May, 2014

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

Resley Edwards



**Ministry of Health and
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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

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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

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**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) :** LESLEY EDWARDS (506)

**Inspection No. /
No de l'inspection :** 2014_240506_0012

**Log No. /
Registre no:** H-000041-14/H-000250-14

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

**Report Date(s) /
Date(s) du Rapport :** May 20, 2014

**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 :** David Bakker

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



**Ministry of Health and
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Pursuant to section 153 and/or
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de l'article 154 de la *Loi de 2007 sur les foyers
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Order # /

Ordre no : 001

Order Type /

Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (3) The licensee shall ensure that each resident is offered a minimum of,

- (a) three meals daily;
- (b) a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner; and
- (c) a snack in the afternoon and evening. O. Reg. 79/10, s. 71 (3).

Order / Ordre :

The licensee shall ensure that all residents are offered a between meal beverage in the am.

Grounds / Motifs :

1. Previously issued as a CO on May 16, 2013.

The licensee did not ensure that all residents received a between meal beverage in the morning.

On an identified date in May, 2014, on two home areas, the beverage cart was not observed being provided to residents in the morning. Staff confirmed the beverages were not served in the am because they were short a floater PSW which is assigned to serve the am beverages. Staff confirmed if they are short a PSW on either unit then the serving of the am beverages is routinely not completed. (506)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2014



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Order(s) of the Inspector
Pursuant to section 153 and/or
section 154 of the *Long-Term Care
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Order # /
Ordre no : 002 **Order Type /**
Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Order / Ordre :

The licensee shall ensure that all planned menu items are offered and available at each meal.

Grounds / Motifs :

1. Not all planned menu items were offered and available at each meal.

Previously issued as a VPC on May 16, 2013.

The daily menu for the lunch meal on an identified date in May, 2014, indicated beef barley soup was to be offered however, this was not prepared or available to the residents due to the scheduled maintenance on the home's main generator. The FSM confirmed the home did not plan accordingly or make any adjustments to the planned menu to substitute for not having the soup. (506)

This order must be complied with by /
Vous devez vous conformer à cet ordre d'ici le : Jun 01, 2014



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de soins de longue durée*, L.O. 2007, chap. 8

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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
Fax: 416-327-7603



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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
1075 Bay Street, 11th Floor
TORONTO, ON
M5S-2B1
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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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
1075, rue Bay, 11^e étage
Ontario, ON
M5S-2B1
Fax: 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.



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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
1075, rue Bay, 11e étage
Ontario, ON
M5S-2B1
Fax: 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.hsarb.on.ca.

Issued on this 20th day of May, 2014

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

**Name of Inspector /
Nom de l'inspecteur :** Lesley Edwards

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