Ontario

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 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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Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Feb 25, 2019	2019_655679_0006	003889-19	Complaint

Licensee/Titulaire de permis

St. Joseph's Health Centre of Sudbury
1140 South Bay Road SUDBURY ON P3E 0B6

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

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15 Chelmsford ON P0M 1L0

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

MICHELLE BERARDI (679), SHELLEY MURPHY (684)

Inspection Summary/Résumé de l'inspection

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

This inspection was conducted on the following date(s): February 19 to 21, 2019.

The following intake was inspected upon during this Complaint Inspection:

- One intake regarding 24 hour nursing hours.

A Critical Incident Inspection #2019_655679_0005 and a Follow Up Inspection #2019_655679_0004 were conducted concurrently with this Inspection.

Inspector #749 was present throughout the Inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Assistant Director of Care (ADOC), Registered Nurses (RNs), Registered Practical Nurses (RPNs), Behavioural Supports Ontario (BSO) RPN, Personal Care Assistants (PCAs), Scheduling Clerks, Housekeepers, residents and their families.

The Inspectors also conducted a daily tour of resident care areas, observed the provision of care and services to residents, observed staff to resident interactions, reviewed relevant health care records, internal investigation notes, staff education records, as well as relevant policies and procedures.

The following Inspection Protocols were used during this inspection:
Sufficient Staffing

During the course of this inspection, Non-Compliances were issued.
- **1 WN(s)**
- **0 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	Légende 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:

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 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.

A Complaint was submitted to the Director, which identified that there was no RN in the facility on a specific shift and date.

Inspector #684 reviewed the "Daily Staffing Sheet" for the specified date, which identified the name of the RPN who had replaced the RN sick call.

Inspector #684 interviewed RPN #105, #106, and #107, who worked on the specified date, and they all stated that there was no RN on a specific shift and specified date. The RPNs identified that they had an RPN supervisor and an RN that could be reached by phone.

During an interview with scheduling clerk #115, Inspector #684 asked if there was an RN in the building on the specified shift and date. They responded, "there was an extra RPN, not looking like there was a RN".

Inspector #684 reviewed a home policy titled "Staffing Plan" last revised December 7, 2018. The plan indicated that there was to be one RN per floor for day shift and evening shift on weekdays and one RN in the building on weekends. The plan also identified that there was to be one RN in the building on night shift from 2300 hours to 0700 hours.

Inspector #684 interviewed the DOC and asked if they could tell the Inspector who the RN was in the building for the specified shift and date. The DOC responded that there was no RN in the facility on the specified shift. Inspector #684 asked the DOC if they agreed that the home did not meet the legislation requirements for 24 hour RN staffing on this day. The DOC responded that they "agreed that on the specified date, the home was unable to meet the legislation requirements for 24 hour RN". [s. 8. (3)]

Issued on this 26th day of February, 2019

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

Original report signed by the inspector.