



**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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**Public Copy/Copie du public**

<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Jun 26, 2019	2019_605213_0021	006732-19, 007807-19, 007808-19, 009543-19, 011216-19	Complaint

**Licensee/Titulaire de permis**

Sharon Farms & Enterprises Limited  
108 Jensen Road LONDON ON N5V 5A4

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

Earls Court Village  
1390 Highbury Avenue North LONDON ON N5Y 0B6

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

RHONDA KUKOLY (213)

**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): June 6, 7, 10, 11, 13, 14, 2019**

**The following intakes were completed during this inspection:**

**Log #006732-19, a complaint related to resident input into the plan of care**

**Log #007807-19, a follow up related to personal support worker qualifications**

**Log #007808-19, a follow up related to criminal reference checks**

**Log # 009543-19, a complaint related to nutrition and hydration**

**Log #011216-19, a complaint related to a missing resident**

**During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Regional Manager/Nurse Consultant, the Clinical Lead RN, the Dietary Manager, the Educator/Hiring Manager, the Quality Lead, a Registered Dietitian, Registered Nurses, Registered Practical Nurses, Personal Support Workers, family members, residents and the Personal Support Worker Program Supervisor from Westervelt College.**

**The Inspector also made observations and reviewed health records, policies and procedures, education records, internal investigation records, complaint records, employee files and other relevant documentation.**

**The following Inspection Protocols were used during this inspection:**

**Dignity, Choice and Privacy**

**Nutrition and Hydration**

**Personal Support Services**

**Responsive Behaviours**

**Safe and Secure Home**

**Sufficient Staffing**

**During the course of this inspection, Non-Compliances were issued.**

**3 WN(s)**

**1 VPC(s)**

**2 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<b>Legend</b>  WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	<b>Légende</b>  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 O.Reg 79/10, s. 215. Police record check**
**Findings/Faits saillants :**

1. The licensee has failed to ensure that a criminal reference check, that was conducted within six months before a staff member was hired, was completed before a licensee



hired a staff member to determine the person's suitability to be a staff member in a long-term care home and to protect residents from abuse and neglect.

The Long-Term Care Homes Act, 2007 s. 75 (1) and (2) states: Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age.

The following order was issued April 11, 2019 with a compliance date of June 7, 2019: The licensee must be compliant with O. Reg. 79/10, s. 215.

Specifically the licensee must:

- a) Ensure and verify that every staff member hired after July 1, 2011, has provided or provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen and was conducted by a police force.
- b) Ensure that before every staff member hired after the receipt of this order, the potential staff member provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen, conducted by a police force within six months before the staff member is hired.
- c) Proof of this criminal reference check will be kept in the employee's file.

A review of the nursing schedule for June 10 to 14, 2019 and employee files was completed.

In an interview with the Administrator and the Director of Care (DOC) on June 11, 2019, they said that they had completed a thorough review of all staff files related to Criminal Reference checks that included a Vulnerable Sector Screen (VSS) and directed staff who did not have a VSS on file that they were required to get one. The Administrator said that there were five staff that had requested their VSS on May 7 and 9, 2019, had the receipt for it, but had not received their results as of June 11, 2019. The Administrator said that the home received the order for VSS on April 11, 2019 and required time to review files, give notification to staff and give staff time to request the VSS.

Employee file reviews showed that as of June 14, 2019:

Staff member #119 had requested the VSS on May 14, 2019 and had not received the results.

Staff member #123 had requested the VSS on May 9, 2019 and had not received the results.



Staff member #125 had requested the VSS on May 7, 2019 and had not received the results.

Staff member #133 had requested the VSS on May 7, 2019 and had not received the results.

Staff member #135 had requested the VSS on May 31, 2019 and had not received the results.

In an interview with the Administrator and DOC on June 13, 2019, they said that they had completed a second thorough review of all staff files related to VSS on June 12, 2019. They said that they found that another staff did not have a VSS on file, including Staff member #124. A review of the employee file for Staff member #124 showed a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason, until such time as you acquire the required qualifications you will be held out of the schedule".

The home did not comply with order #002 issued April 11, 2019, in inspection #2019\_605213\_0013, with a compliance date of June 7, 2019. Six staff files for staff working in the home at the time of the inspection did not contain a police vulnerable sector criminal reference check. [s. 215.]

### ***Additional Required Actions:***

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

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## **WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 47. Qualifications of personal support workers**

### **Findings/Faits saillants :**

1. The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider.

O.Reg. 79/10 s. 47 (2) states: The personal support worker program must meet the



Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both classified time and practical experience time.

O.Reg. 79/10 s. 47 (3)(a) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

O.Reg. 79/10 s. 47 (3)(c) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and is enrolled in an educational program for registered nurses or registered practical nurses.

The following order was issued April 11, 2019 with a compliance date of June 7, 2019: The licensee must be compliant with O.Reg. 79/10, s. 47 (1), (2), and (3).

Specifically the licensee must:

- a) Ensure and verify that Personal Support Worker (PSW) #106, #111, #112, #113 and all PSWs hired after January 1, 2016, have successfully completed a PSW program that meets the PSW Program Standard published by the Ministry of Training, Colleges and Universities.
- b) Ensure and verify that PSW #106, #111, #112, #113 and all PSWs hired after January 1, 2016 have completed a PSW program that is a minimum of 600 hours in duration, counting both class time and practical experience time and keep records supporting the completion of the hours.
- c) Ensure and verify that every PSW hired on and after January 1, 2016 has provided the licensee with proof of graduation issued by the education provider. A copy of this proof is to be kept in the employee's file.
- d) Ensure that PSW #114 and all other staff hired as a PSW or to provide personal support services who is a registered nurse or registered practical nurse, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and has the appropriate current certificate of registration with the college of nurses of Ontario. A copy of proof of this registration is to be kept in the employee's file.

A review of the nursing schedule for the time period during the inspection and employee





files was completed.

Staff member #114 was noted to be on the staff schedule working as a PSW during the inspection. The employee file for staff member #114 showed a transcript from courses taken at a local college. In an interview with Director of Care (DOC) and the Administrator #101 on June 11, 2019, the Administrator and DOC said that they were told that staff member #114 who was working as a PSW was enrolled in a bridging program for internationally educated registered nurses and that they had written the College of Nurses of Ontario (CNO) registration exam. They brought staff member #114 down to boardroom as they were working that day and the staff member shared that information was pending, but was not able to clarify what information was pending. The Inspector requested proof of enrollment. On June 13, 2019, the Administrator and DOC said that the staff member was not enrolled in a program, had not written the CNO exam and had been removed from the schedule.

Staff member #106 was noted to be on the schedule working during the inspection. The employee file for staff member #106 showed no new information since the previous inspection March 28, 2019. In an interview with the DOC and the Administrator on June 11, 2019, the Administrator and DOC said that they were told that staff member #106 who was working as a PSW was enrolled in a bridging program for PSWs, to bridge from the PSW program of 150 hours to the PSW program of 600 hours. The administrator said the program was a course accredited by the Ministry of Education of Ontario. They said that there was no certificate, but there was an email from the educational facility indicating that the staff member had passed. The Inspector requested proof of the program and completion. The Administrator provided a copy of a printed email from Bronston Canadian Academy indicating completed your assessment with a pass. The Inspector reviewed the website for Bronston Canadian Academy and it did not include a PSW program. In an interview with the Administrator and DOC on June 13, 2019, the Administrator said that after further investigation, Bronston Academy did not provide a program that met the requirements of the legislation to work as a PSW and that staff member #106 had been removed from the schedule. A letter was found in staff member #106's employee file dated June 12, 2019 indicating "your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire qualifications you will be held out of the schedule".

Staff member #113 was noted to be on the schedule working during the inspection. In an interview with the Administrator and DOC on June 11, 2019, they said that staff member #113 was working as a PSW and was enrolled in and had completed most of a registered



nursing program. The Inspector requested proof of enrollment. On June 13, 2019, the Administrator and DOC said that staff member #113 had a letter that said they had met the admission requirements for a Registered Nurse (RN) or Registered Practical Nurse (RPN) program and had completed one course, but was not enrolled in an RN or RPN program at that time, so they had been removed from the schedule. Staff member #113's employee file included a transcript showing recent completion of a nursing course at a local college and a letter from the CNO dated the current year stating the CNO had determined that the staff member did not meet the nursing education requirement. The file also included a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason, until such time as you acquire the required qualifications you will be held out of the schedule".

In an interview with the Administrator and DOC on June 13, 2019, they said that they had completed a second thorough review of all staff files related to qualifications on June 12, 2019, and found that staff member #121 who had been working as a PSW in the home, because they had thought that they were enrolled in a registered nursing program, but after their review, found that they were not. The employee file for staff member #121 included a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire the required qualifications you will be held out of the schedule".

They said they also found that staff member #120 who had been working as a PSW in the home with a PSW certificate indicating a course of 150 hours and had thought that they were enrolled in a registered nursing program, but after their review, found that they were not. The employee file for staff member #120 included a letter dated June 12, 2019, stating "Your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire the required qualifications you will be held out of the schedule".

The Administrator and DOC also indicated on June 13, 2019, that they found that another staff member working as a PSW, staff member #132, did not have a certificate, but did have a transcript and that after further review, questioned the number of hours for the program. The employee file for staff member #132 was not able to be found by the home by the end of the inspection and the transcript was requested. The transcript was faxed to the Inspector on June 17, 2019 and appeared to indicate completion of the Personal Support Worker program through a local school. The Inspector contacted the PSW Program Supervisor at the school by phone on June 24, 2019. The Supervisor shared that the staff member did not graduate and did not receive a PSW certificate.





Staff member #132 was noted to be on the schedule working during the inspection.

The home did not comply with order #001 issued April 11, 2019 in inspection 2019\_605213\_0013, with a compliance date of June 7, 2019. Six staff members working as PSWs in the home did not have either PSW certification; or had the appropriate current certificate of registration with the College of Nurses of Ontario; or were enrolled in an educational program for registered nurses or registered practical nurses. [s. 47.]

***Additional Required Actions:***

***CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".***

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**WN #3: 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).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any program, the program was complied with.

In accordance with O. Reg. s. 68 (2)(b) and (d), the licensee was required to ensure that the Nutrition Care and Hydration Programs included: the identification of any risks related to nutrition care and dietary services and hydration; and a system to monitor and evaluate the food and fluid intake of residents with identified risks related to nutrition and hydration.

Specifically, staff did not comply with the licensee's policy "Meal Consumption Record",



ID #C-10-20 with a review date of April 12, 2019, "Nursing Dietary Liaison Tool – Change of Resident Nutritional Status", ID #C-10-35 with a review date of April 12, 2019, and "Nutritional Care, Nutritional Risk of Residents", ID #C-10-05 with a review date of April 12, 2019.

The licensee's policy "Meal Consumption Record", ID #C-10-20 with a review date of April 12, 2019, stated: Personal Support Workers (PSW)s must document the amount of food and fluid consumed for residents with identified risk related to nutrition and hydration risk by the end of each meal to ensure the accuracy of food and fluid intake. The PSWs are to report to the registered staff residents with food and fluid consumption less than fifty per cent (50%) for three consecutive days.

The licensee's policy "Nursing Dietary Liaison Tool – Change of Resident Nutritional Status", ID #C-10-35 with a review date of April 12, 2019, stated: Change in resident's nutritional status will be communicated to the Registered Dietitian by Registered Nursing staff via the electronic Dietitian Referral form in Point Click Care (PCC) including changes to skin integrity and weight.

The licensee's policy "Nutritional Care, Nutritional Risk of Residents", ID #C-10-05 with a review date of April 12, 2019, stated: Changes in residents' diet, medical condition, nutritional intake/nutritional status, weight changes or skin breakdown shall be communicated to the Registered Dietitian/Food Service Manager using the electronic Dietitian Referral form in PCC, which is located under the Assessments tab (completed by the Registered Staff. Food and fluid intake of each resident will be documented by the PSWs in Point of Care (POC) software in PCC.

The home received a complaint from the family of a resident on an identified date, related to nutritional concerns. At that time, the Director of Care (DOC) reviewed the intake of food and fluids in PCC for the resident.

A record review of the POC documentation in PCC for a three week time period for a resident, was completed and showed the following:

Amount of snack consumed:

Was not documented 4 out of 42 snack times

Resident not available = 0 out of 42

Resident refused = 1 out of 42

Resident sleeping = 8 out of 42

0 to 25% consumed = 0 out of 42



26 to 50% consumed = 4 out of 42

51 to 75% consumed = 4 out of 42

75 to 100% consumed = 19 out of 42

- 17 out of 42 snacks were either not documented, resident was not available, resident refused, resident was sleeping or less than 50% of snack was consumed.

Provide a yogurt cup at am and HS snack:

Was not documented on 9 out of 42 scheduled times

Resident not available = 0 out of 42

Resident refused = 4 of 42

Resident sleeping = 0 out of 42

0 to 25% consumed = 2 out of 42

26 to 50% consumed = 4 out of 42

51 to 75% consumed = 1 out of 42

75 to 100% consumed = 22 out of 42

- 19 out of 42 yogurts were either not documented, refused, resident was not available, resident was sleeping or less than 50% of snack was consumed.

Amount of food consumed:

Was not documented on 6 out of 63 meal times

Resident not available = 7 out of 63 (all at 0900 hours)

Resident refused = 10 out of 63 (all at 0900 hours)

Resident sleeping = 0 out of 63

0 to 25% consumed = 10 out of 63 (all at lunch and supper)

26 to 50% consumed = 13 out of 63

51 to 75% consumed = 10 out of 63

75 to 100% consumed = 5 out of 63

- 46 out of 63 meals were either not documented, refused, resident not available, not documented or less than 50% of meal consumed

Four days in a row and then four days later for eight days in a row, less than 50% of meal or none at all was consumed.

Record review of assessments completed in PCC for the resident was completed. A Dietitian Referral related to poor intake was completed the date the home received the family complaint. The most recent referral prior to that date related to poor intake was completed six months prior.

In an interview with the Director of Care (DOC), the Inspector and the DOC reviewed the documentation of food and fluids and assessments completed for the resident in PCC.



The DOC agreed that not all food and fluid consumption was documented as required and that a Dietitian Referral should have been completed earlier when resident consumed less than 50% for three days or more.

The licensee has failed to ensure that the Nutrition Care and Hydration Program policies Meal Consumption Record, Nursing Dietary Liaison Tool – Change of Resident Nutritional Status, and Nutritional Care, Nutritional Risk of Residents, were complied with. [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 to ensure that where the Act or this Regulation required the licensee of a long-term care home to have, institute or otherwise put in place any program, the program is complied with, to be implemented voluntarily.***

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Issued on this 26th day of June, 2019

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

**Original report signed by the inspector.**



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

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

**Order(s) of the Inspector**

**Ordre(s) de l'inspecteur**

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

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

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de longue durée  
Inspection de soins de longue durée**

**Public Copy/Copie du public**

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**Name of Inspector (ID #) /**

**Nom de l'inspecteur (No) :** RHONDA KUKOLY (213)

**Inspection No. /**

**No de l'inspection :** 2019\_605213\_0021

**Log No. /**

**No de registre :** 006732-19, 007807-19, 007808-19, 009543-19, 011216-19

**Type of Inspection /**

**Genre d'inspection:** Complaint

**Report Date(s) /**

**Date(s) du Rapport :** Jun 26, 2019

**Licensee /**

**Titulaire de permis :** Sharon Farms & Enterprises Limited  
108 Jensen Road, LONDON, ON, N5V-5A4

**LTC Home /**

**Foyer de SLD :** Earls Court Village  
1390 Highbury Avenue North, LONDON, ON, N5Y-0B6

**Name of Administrator /**

**Nom de l'administratrice**

**ou de l'administrateur :** Rob Bissonnette

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To Sharon Farms & Enterprises Limited, you are hereby required to comply with the following order(s) by the date(s) set out below:

## Order(s) of the Inspector

## Ordre(s) de l'inspecteur

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

**Linked to Existing Order /** 2019\_605213\_0013, CO #002;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 215. Police record check

**Order / Ordre :**

The licensee must be compliant with O. Reg. 79/10, s. 215.

Specifically the licensee must:

- a) Create a quality improvement plan that includes a hiring protocol to ensure that all staff hired have provided the licensee with proof of a criminal reference check that includes a vulnerable sector screen. The protocol must include the hiring procedure, responsible persons, timelines and tools to be used when applicable.
- b) Ensure and verify that every new staff member hired has provided the licensee with proof of a criminal reference check, that includes a vulnerable sector screen and was conducted by a police force.
- c) Proof of this criminal reference check will be kept in the employee's file.

**Grounds / Motifs :**

1. The licensee has failed to ensure that a criminal reference check, that was conducted within six months before a staff member was hired, was completed before a licensee hired a staff member to determine the person's suitability to be a staff member in a long-term care home and to protect residents from abuse and neglect.

The Long-Term Care Homes Act, 2007 s. 75 (1) and (2) states: Every licensee of a long-term care home shall ensure that screening measures are conducted in accordance with the regulations before hiring staff and accepting volunteers. The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age.

The following order was issued April 11, 2019 with a compliance date of June 7, 2019:



**Order(s) of the Inspector****Ordre(s) de l'inspecteur**

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

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 be compliant with O. Reg. 79/10, s. 215.

Specifically the licensee must:

- a) Ensure and verify that every staff member hired after July 1, 2011, has provided or provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen and was conducted by a police force.
- b) Ensure that before every staff member hired after the receipt of this order, the potential staff member provides the licensee with proof of a criminal reference check, that includes a vulnerable sector screen, conducted by a police force within six months before the staff member is hired.
- c) Proof of this criminal reference check will be kept in the employee's file.

A review of the nursing schedule for June 10 to 14, 2019 and employee files was completed.

In an interview with the Administrator and the Director of Care (DOC) on June 11, 2019, they said that they had completed a thorough review of all staff files related to Criminal Reference checks that included a Vulnerable Sector Screen (VSS) and directed staff who did not have a VSS on file that they were required to get one. The Administrator said that there were five staff that had requested their VSS on May 7 and 9, 2019, had the receipt for it, but had not received their results as of June 11, 2019. The Administrator said that the home received the order for VSS on April 11, 2019 and required time to review files, give notification to staff and give staff time to request the VSS.

Employee file reviews showed that as of June 14, 2019:

Staff member #119 had requested the VSS on May 14, 2019 and had not received the results.

Staff member #123 had requested the VSS on May 9, 2019 and had not received the results.

Staff member #125 had requested the VSS on May 7, 2019 and had not received the results.

Staff member #133 had requested the VSS on May 7, 2019 and had not received the results.

Staff member #135 had requested the VSS on May 31, 2019 and had not received the results.

In an interview with the Administrator and DOC on June 13, 2019, they said that

## Order(s) of the Inspector

## Ordre(s) de l'inspecteur

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

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

they had completed a second thorough review of all staff files related to VSS on June 12, 2019. They said that they found that another staff did not have a VSS on file, including Staff member #124. A review of the employee file for Staff member #124 showed a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason, until such time as you acquire the required qualifications you will be held out of the schedule".

The home did not comply with order #002 issued April 11, 2019, in inspection #2019\_605213\_0013, with a compliance date of June 7, 2019. Six staff files for staff working in the home at the time of the inspection did not contain a police vulnerable sector criminal reference check.

The severity of this issue was a level 3 as there was actual risk to the residents and this noncompliance is a Key Risk Indicator. The scope was level 1, isolated, as 6 out of 25 (24 per cent) of reviewed staff files did not have proof of required criminal reference checks. Compliance history was a level 3 as the home did not have a history of non-compliance in this subsection of the legislation, a Compliance Order was issued April 11, 2019 in inspection #2019\_605213\_0013. (213)

**This order must be complied with by /**

**Vous devez vous conformer à cet ordre d'ici le :**

Jul 31, 2019

**Order(s) of the Inspector**
**Ordre(s) de l'inspecteur**

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

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 :** 002

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

**Linked to Existing Order /** 2019\_605213\_0013, CO #001;  
**Lien vers ordre existant:**

**Pursuant to / Aux termes de :**

O.Reg 79/10, s. 47. Qualifications of personal support workers

**Order / Ordre :**

The licensee must be compliant with O.Reg. 79/10, s. 47 (1), (2), and (3).  
Specifically the licensee must:

a) Create a quality improvement plan that includes a hiring protocol to ensure that all new staff hired have provided the licensee with qualifications to provide personal support services that meet the requirements identified in O.Reg. 79/10, s. 47. The protocol must include the hiring procedure, responsible persons, timelines and tools to be used when applicable.

b) Ensure and verify that every new Personal Support Worker (PSW) hired has successfully completed a PSW program that meets the PSW Program Standard published by the Ministry of Training, Colleges and Universities and has provided the licensee with proof of graduation issued by the education provider. A copy of this proof is to be kept in the employee's file.

c) Ensure that all new staff hired as a PSW or to provide personal support services who is a registered nurse or registered practical nurse, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and has the appropriate current certificate of registration with the college of nurses of Ontario. A copy of proof of this registration is to be kept in the employee's file.

d) Ensure that all new staff hired as a PSW or to provide personal support services who either is a registered nurse or registered practical nurse and does not hold a current certificate or registration with the College of Nurses of Ontario or is a person who does not have a PSW certificate from a program that meets the PSW Program Standard published by the Ministry of Training, Colleges and Universities, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and is enrolled in an educational program for registered nurses or registered practical nurses. A copy of proof of this registration is to be kept in the employee's file.

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**Grounds / Motifs :**

1. The licensee has failed to ensure that on and after January 1, 2016, every person hired by the licensee as a personal support worker or to provide personal support services had successfully completed a personal support worker program that met requirements and had provided the licensee with proof of graduation issued by the education provider.

O.Reg. 79/10 s. 47 (2) states: The personal support worker program must meet the Personal Support Worker Program Standard published by the Ministry of Training, Colleges and Universities and must be a minimum of 600 hours in duration, counting both classified time and practical experience time.

O.Reg. 79/10 s. 47 (3)(a) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and who has the appropriate current certificate of registration with the College of Nurses of Ontario.

O.Reg. 79/10 s. 47 (3)(c) states: The licensee may hire a personal support worker or to provide personal support services who, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a personal support worker, and is enrolled in an educational program for registered nurses or registered practical nurses.

The following order was issued April 11, 2019 with a compliance date of June 7, 2019:

The licensee must be compliant with O.Reg. 79/10, s. 47 (1), (2), and (3). Specifically the licensee must:

- a) Ensure and verify that Personal Support Worker (PSW) #106, #111, #112, #113 and all PSWs hired after January 1, 2016, have successfully completed a PSW program that meets the PSW Program Standard published by the Ministry of Training, Colleges and Universities.
- b) Ensure and verify that PSW #106, #111, #112, #113 and all PSWs hired after January 1, 2016 have completed a PSW program that is a minimum of 600 hours in duration, counting both class time and practical experience time and keep records supporting the completion of the hours.
- c) Ensure and verify that every PSW hired on and after January 1, 2016 has

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provided the licensee with proof of graduation issued by the education provider. A copy of this proof is to be kept in the employee's file.

d) Ensure that PSW #114 and all other staff hired as a PSW or to provide personal support services who is a registered nurse or registered practical nurse, in the opinion of the Director of Nursing and Personal Care, has adequate skills and knowledge to perform the duties of a PSW and has the appropriate current certificate of registration with the college of nurses of Ontario. A copy of proof of this registration is to be kept in the employee's file.

A review of the nursing schedule for the time period during the inspection and employee files was completed.

Staff member #114 was noted to be on the staff schedule working as a PSW during the inspection. The employee file for staff member #114 showed a transcript from courses taken at a local college. In an interview with Director of Care (DOC) and the Administrator #101 on June 11, 2019, the Administrator and DOC said that they were told that staff member #114 who was working as a PSW was enrolled in a bridging program for internationally educated registered nurses and that they had written the College of Nurses of Ontario (CNO) registration exam. They brought staff member #114 down to boardroom as they were working that day and the staff member shared that information was pending, but was not able to clarify what information was pending. The Inspector requested proof of enrollment. On June 13, 2019, the Administrator and DOC said that the staff member was not enrolled in a program, had not written the CNO exam and had been removed from the schedule.

Staff member #106 was noted to be on the schedule working during the inspection. The employee file for staff member #106 showed no new information since the previous inspection March 28, 2019. In an interview with the DOC and the Administrator on June 11, 2019, the Administrator and DOC said that they were told that staff member #106 who was working as a PSW was enrolled in a bridging program for PSWs, to bridge from the PSW program of 150 hours to the PSW program of 600 hours. The administrator said the program was a course accredited by the Ministry of Education of Ontario. They said that there was no certificate, but there was an email from the educational facility indicating that the staff member had passed. The Inspector requested proof of the program and completion. The Administrator provided a copy of a printed email from Bronston



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Canadian Academy indicating completed your assessment with a pass. The Inspector reviewed the website for Bronston Canadian Academy and it did not include a PSW program. In an interview with the Administrator and DOC on June 13, 2019, the Administrator said that after further investigation, Bronston Academy did not provide a program that met the requirements of the legislation to work as a PSW and that staff member #106 had been removed from the schedule. A letter was found in staff member #106's employee file dated June 12, 2019 indicating "your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire qualifications you will be held out of the schedule".

Staff member #113 was noted to be on the schedule working during the inspection. In an interview with the Administrator and DOC on June 11, 2019, they said that staff member #113 was working as a PSW and was enrolled in and had completed most of a registered nursing program. The Inspector requested proof of enrollment. On June 13, 2019, the Administrator and DOC said that staff member #113 had a letter that said they had met the admission requirements for a Registered Nurse (RN) or Registered Practical Nurse (RPN) program and had completed one course, but was not enrolled in an RN or RPN program at that time, so they had been removed from the schedule. Staff member #113's employee file included a transcript showing recent completion of a nursing course at a local college and a letter from the CNO dated the current year stating the CNO had determined that the staff member did not meet the nursing education requirement. The file also included a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason, until such time as you acquire the required qualifications you will be held out of the schedule".

In an interview with the Administrator and DOC on June 13, 2019, they said that they had completed a second thorough review of all staff files related to qualifications on June 12, 2019, and found that staff member #121 who had been working as a PSW in the home, because they had thought that they were enrolled in a registered nursing program, but after their review, found that they were not. The employee file for staff member #121 included a letter dated June 12, 2019, stating: "Your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire the required qualifications you will be held out of the schedule".



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They said they also found that staff member #120 who had been working as a PSW in the home with a PSW certificate indicating a course of 150 hours and had thought that they were enrolled in a registered nursing program, but after their review, found that they were not. The employee file for staff member #120 included a letter dated June 12, 2019, stating "Your file was found to be missing the required certification to work as a PSW. For this reason until such time as you acquire the required qualifications you will be held out of the schedule".

The Administrator and DOC also indicated on June 13, 2019, that they found that another staff member working as a PSW, staff member #132, did not have a certificate, but did have a transcript and that after further review, questioned the number of hours for the program. The employee file for staff member #132 was not able to be found by the home by the end of the inspection and the transcript was requested. The transcript was faxed to the Inspector on June 17, 2019 and appeared to indicate completion of the Personal Support Worker program through a local school. The Inspector contacted the PSW Program Supervisor at the school by phone on June 24, 2019. The Supervisor shared that the staff member did not graduate and did not receive a PSW certificate. Staff member #132 was noted to be on the schedule working during the inspection.

The home did not comply with order #001 issued April 11, 2019 in inspection 2019\_605213\_0013, with a compliance date of June 7, 2019. Six staff members working as PSWs in the home did not have either PSW certification; or had the appropriate current certificate of registration with the College of Nurses of Ontario; or were enrolled in an educational program for registered nurses or registered practical nurses.

The severity of this issue was a level 3 as there was actual risk to the residents and this noncompliance is a Key Risk Indicator. The scope was level 1, isolated, as 6 out of 23 (26 per cent) of reviewed PSW staff files did not have proof of required qualifications. Compliance history was a level 3 as the home did not have a history of non-compliance in this subsection of the legislation, a Compliance Order was issued April 11, 2019 in inspection #2019\_605213\_0013. (213)



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

Jul 31, 2019



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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, commercial courier or by fax upon:

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections Branch  
Ministry of Health and Long-Term Care  
1075 Bay Street, 11th Floor  
Toronto, ON M5S 2B1  
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, when service is made by a commercial courier it is deemed to be made on the second business day after the day the courier receives the document, 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:



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Health Services Appeal and Review Board and the Director

Attention Registrar  
Health Services Appeal and Review Board  
151 Bloor Street West, 9th Floor  
Toronto, ON M5S 1S4

Director  
c/o Appeals Coordinator  
Long-Term Care Inspections 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](http://www.hsarb.on.ca).



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**RENSEIGNEMENTS RELATIFS AUX RÉEXAMENS DE DÉCISION ET AUX  
APPELS**

**PRENEZ AVIS :**

Le/la titulaire de permis a le droit de faire une demande de réexamen par le directeur de cet ordre ou de ces ordres, et de demander que le directeur suspende cet ordre ou ces ordres conformément à l'article 163 de la Loi de 2007 sur les foyers de soins de longue durée.

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

La demande écrite doit comporter ce qui suit :

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

La demande de réexamen présentée par écrit doit être signifiée en personne, par courrier recommandé, par messagerie commerciale ou par télécopieur, au :

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603



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Quand la signification est faite par courrier recommandé, elle est réputée être faite le cinquième jour qui suit le jour de l'envoi, quand la signification est faite par messagerie commerciale, elle est réputée être faite le deuxième jour ouvrable après le jour où la messagerie reçoit le document, et lorsque la signification est faite par télécopieur, elle est réputée être faite le premier jour ouvrable qui suit le jour de l'envoi de la télécopie. Si un avis écrit de la décision du directeur n'est pas signifié au/à la titulaire de permis dans les 28 jours de la réception de la demande de réexamen présentée par le/la titulaire de permis, cet ordre ou ces ordres sont réputés être confirmés par le directeur, et le/la titulaire de permis est réputé(e) avoir reçu une copie de la décision en question à l'expiration de ce délai.

Le/la titulaire de permis a le droit d'interjeter appel devant la Commission d'appel et de révision des services de santé (CARSS) de la décision du directeur relative à une demande de réexamen d'un ordre ou des ordres d'un inspecteur ou d'une inspectrice conformément à l'article 164 de la Loi de 2007 sur les foyers de soins de longue durée. La CARSS est un tribunal autonome qui n'a pas de lien avec le ministère. Elle est créée par la loi pour examiner les questions relatives aux services de santé. Si le/la titulaire décide de faire une demande d'audience, il ou elle doit, dans les 28 jours de la signification de l'avis de la décision du directeur, donner par écrit un avis d'appel à la fois à :

la Commission d'appel et de révision des services de santé et au directeur

À l'attention du/de la registrateur(e)  
Commission d'appel et de révision  
des services de santé  
151, rue Bloor Ouest, 9e étage  
Toronto ON M5S 1S4

Directeur  
a/s du coordonnateur/de la coordonnatrice en matière  
d'appels  
Direction de l'inspection des foyers de soins de longue durée  
Ministère de la Santé et des Soins de longue durée  
1075, rue Bay, 11e étage  
Toronto ON M5S 2B1  
Télécopieur : 416-327-7603

À la réception de votre avis d'appel, la CARSS en accusera réception et fournira des instructions relatives au processus d'appel. Le/la titulaire de permis peut en savoir davantage sur la CARSS sur le site Web [www.hsarb.on.ca](http://www.hsarb.on.ca).

**Issued on this 26th day of June, 2019**

**Signature of Inspector /**

**Signature de l'inspecteur :**

**Name of Inspector /**

**Nom de l'inspecteur :** RHONDA KUKOLY

**Service Area Office /**

**Bureau régional de services :** London Service Area Office