



**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**

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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
Aug 27, 2014	2014_277538_0023	L-000867-14	Resident Quality Inspection

Licensee/Titulaire de permis

RITZ LUTHERAN VILLA
R.R. #5, MITCHELL, ON, N0K-1N0

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

MITCHELL NURSING HOME
184 NAPIER STREET, S.S. #1, MITCHELL, ON, N0K-1N0

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

NANCY JOHNSON (538), INA REYNOLDS (524), JULIE LAMPMAN (522)

Inspection Summary/Résumé de l'inspection



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The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): August 12, 13, 14, 15, 18, 19, 20, 2014

A concurrent CI inspection 000108-14 was completed during this RQI.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Assistant Director of Care (ADOC), the RAI-MDS Co-ordinator, the Campus Life Enrichment Director, the Nutritional Services Director, 1 Dietary Aide, 3 Registered Practical Nurses (RPN), 2 Registered Nurses (RN), 1 Cook, 1 Program Services Assistant, 1 Housekeeper, 1 Scheduling Clerk, 1 Maintenance Worker, 27 Residents, and 3 family members.

During the course of the inspection, the inspector(s) toured all resident care areas, observed dining service, medication passes, medication storage areas, and care provided to residents, resident/staff interactions, infection prevention and control practices, reviewed clinical records and plans of care for identified residents, postings of required information, minutes of meetings related to the inspection, reviewed relevant policies and procedures of the home, and observed the general maintenance, cleaning and condition of the home.

The following Inspection Protocols were used during this inspection:



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**Accommodation Services - Housekeeping
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Hospitalization and Change in Condition
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Responsive Behaviours
Safe and Secure Home
Skin and Wound Care
Sufficient Staffing**

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	Legendé
WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 8. Nursing and personal support services



Specifically failed to comply with the following:

s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,

(a) an organized program of nursing services for the home to meet the assessed needs of the residents; and 2007, c. 8, s. 8 (1).

(b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

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 failed to ensure the organized program of personal support services meets the assessed needs of the residents.

During Stage 1 of the RQI 1/3 family members and 4/27 residents interviewed expressed concerns that the home is frequently short Personal Support Worker's (PSW's).

A review of the home's bath audit from August 1-19, 2014 revealed that residents are not receiving the required number of baths per week.

Review of the homes Personal Support Workers (PSW) staffing schedule from July 28 to August 19, 2014 revealed the following PSW shifts were unfilled:

July 31, 2014	20%	0700-1500 and 25%	1500-2300
August 2, 2014	40%	0700-1500 and 50%	2300-0700
August 3, 2014	40%	0700-1500	
August 4, 2014	20%	0700-1500	
August 5, 2014	25%	1500-2300	
August 9, 2014	20%	0700-1500	
August 11, 2014	20%	0700-1500 and 25%	1500-2300
August 13, 2014	20%	0700-1500 and 50%	1500-2300
August 14, 2014	50%	1500-2300	
August 15, 2014	20%	0700-1500 and 25%	1500-2300
August 16, 2014	40%	0700-1500 and 50%	1500-2300



August 17, 2014 40% 0700-1500 and 50% 1500-2300
August 19, 2014 20% 0700-1500

This was confirmed by the Scheduling Clerk.

The Administrator and Assistant Director Of Care confirmed that the above staffing levels do not meet the needs of residents. The Administrator confirmed the home is currently trying to recruit PSW's. [s. 8. (1) (b)]

2. The licensee has failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

Review of the homes RN staffing schedule from July 28 to August 14, 2014 revealed the following shifts did not have a Registered Nurse on duty:

July 29, 2014 0700-1900 and 1900-0700
August 3, 2014 0700-1900
August 4, 2014 0700-1900
August 10, 2014 0700-1900
August 15, 2014 0700-1900

Interview with the Administrator and Assistant Director of Care (ADOC) confirmed there was no RN coverage other than the ADOC and on call Manager on the above dates.

The Administrator confirmed the expectation that a member of the regular nursing staff must be on duty and present at all times. [s. 8. (3)]

Additional Required Actions:

CO # - 001, 003 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. 33. Bathing



Specifically failed to comply with the following:

s. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Findings/Faits saillants :

1. The licensee failed to ensure that each resident of the home is bathed, at a minimum twice a week.

Review of the home's bathing report from Point of Care revealed:
August 1-7, 2014 43% or 38/93 resident baths were not completed.
August 8-14, 2014 17% or 16/93 resident baths were not completed.
August 15-19, 2014 43% or 33/58 resident baths were not completed.

This was confirmed by the Assistant Director of Care (ADOC) and the Registered Practical Nurse.

The ADOC confirmed the expectation that all residents receive two baths per week. [s. 33. (1)]

Additional Required Actions:

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

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 the home's Weights - Monitoring of Resident Weights is complied with.

Review of the home's Weights - Monitoring of Resident Weights Policy # RESI-05-02-07 states:

"The RN/RPN will request the PSW reweigh the resident if there is a 5% or greater difference in the resident's weight from the previous month."

Review of a specified Resident's clinical record revealed the resident had a weight difference of greater than 5% in an identified month and the resident was not reweighed.

Interview with the Registered Nurse (RN) confirmed the expectation that residents with a 5% or greater difference in weight within a month should be reweighed. [s. 8. (1) (a), 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 the home's Weights policy is complied with, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 15. Bed rails



Specifically failed to comply with the following:

- s. 15. (1) Every licensee of a long-term care home shall ensure that where bed rails are used,**
- (a) the resident is assessed and his or her bed system is evaluated in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices, to minimize risk to the resident; O. Reg. 79/10, s. 15 (1).**
 - (b) steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment; and O. Reg. 79/10, s. 15 (1).**
 - (c) other safety issues related to the use of bed rails are addressed, including height and latch reliability. O. Reg. 79/10, s. 15 (1).**
-

Findings/Faits saillants :

1. The licensee has failed to ensure that steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment.

Observations by Inspector #522 and Inspector #538 of specified resident's bed systems revealed that the mattress's did not fit the beds.

Review of the bed audit for potential bed entrapment conducted by the home on June 20, 2014 and an interview with a member of the Maintenance Staff on August 20, 2014 at 1430 hours revealed that during the entrapment inspection audit, 12.5 % of the home's beds failed zone 4 testing and 8.3% failed zone 6 testing and 60.4% failed zone 7. Maintenance shared that it was reported to the Director of Environmental Services.

Interview with the Administrator and the Assistant Director of Care on August 20, 2014 at 1500 stated temporary and permanent interventions were not put in place following the bed audit conducted on June 20, 2014. The Home implemented temporary interventions to correct the beds that were a potential risk for bed entrapment once identified during the RQI process. The Administrator provided a plan to replace the old bed systems with new bed systems by October 1, 2014.

The Administrator confirmed that it is the home's expectation to ensure steps are taken to prevent resident entrapment all potential zones. [s. 15. (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 steps are taken to prevent resident entrapment, taking into consideration all potential zones of entrapment, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,

(a) shall provide that abuse and neglect are not to be tolerated; 2007, c. 8, s. 20 (2).

(b) shall clearly set out what constitutes abuse and neglect; 2007, c. 8, s. 20 (2).

(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect; 2007, c. 8, s. 20 (2).

(d) shall contain an explanation of the duty under section 24 to make mandatory reports; 2007, c. 8, s. 20 (2).

(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents; 2007, c. 8, s. 20 (2).

(f) shall set out the consequences for those who abuse or neglect residents; 2007, c. 8, s. 20 (2).

(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and 2007, c. 8, s. 20 (2).

(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits saillants :



1. The licensee has failed to ensure that the policy to promote zero tolerance of abuse and neglect of residents shall contain an explanation of the duty under section 24 of the Act to make mandatory reports.

Review of the home's Resident Abuse and Neglect Policy number OPER-02-02-04 revealed the absence of an explanation of the duty under section 24 of the Act to make mandatory reports to the Director of the Ministry of Health and Long Term Care.

Interview with the Administrator confirmed that the home's policy does not include an explanation of the duty to make mandatory reports to the Director of the Ministry of Health and Long Term Care. [s. 20. (2)]

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 the policy to promote zero tolerance of abuse and neglect of residents shall contain an explanation of the duty under section 24 of the Act to make mandatory reports, to be implemented voluntarily.

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 31. Restraining by physical devices

Specifically failed to comply with the following:

s. 31. (1) A resident may be restrained by a physical device as described in paragraph 3 of subsection 30 (1) if the restraining of the resident is included in the resident's plan of care. 2007, c. 8, s. 31. (1).

Findings/Faits saillants :



1. The licensee has failed to ensure that a resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care.

On August 15, 2014 a specified resident was observed using a restraint.

Review of the resident's Plan of Care revealed the absence of documentation related to use of this restraint.

Interviews with the Personal Support Worker and Registered Practical Nurse revealed the specified resident does use this restraint.

The Registered Practical Nurse confirmed the use of the restraint was not in the resident's plan of care, the resident did not have a restraint assessment completed and that there was no order or consent for the use of the restraint.

The Registered Practical Nurse confirmed the expectation that residents receive an assessment, a physician's order and consent is obtained prior to the use of a restraint and that this is included in the resident's plan of care. [s. 31. (1)]

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 a resident may be restrained by a physical device if the restraining of the resident is included in the resident's plan of care, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 59. Family Council

Specifically failed to comply with the following:

s. 59. (7) If there is no Family Council, the licensee shall,
(a) on an ongoing basis advise residents' families and persons of importance to residents of the right to establish a Family Council; and 2007, c. 8, s. 59. (7).
(b) convene semi-annual meetings to advise such persons of the right to establish a Family Council. 2007, c. 8, s. 59. (7).

Findings/Faits saillants :

1. The licensee has failed to ensure that the home convene semi-annual meetings to advise residents' families and persons of importance to residents of the right to establish a Family Council as evidenced by;

Interview August 14, 2014 at 0930 with the Campus Life Enrichment Director revealed that the home did not conduct formal semi-annual meetings to advise residents' of their rights to establish a Family Council.

Administrator confirmed that it is the expectation of the home to convene semi-annual meetings to advise residents of their right to establish a Family Council. [s. 59. (7) (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 the home convene semi-annual meetings to advise residents' families and persons of importance to residents of the right to establish a Family Council, to be implemented voluntarily.

WN #8: The Licensee has failed to comply with O.Reg 79/10, s. 117. Medical directives and orders — drugs

Every licensee of a long-term care home shall ensure that,

(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and

(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.

Findings/Faits saillants :



1. The licensee has failed to ensure that no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs.

Review of resident clinical records of specified residents revealed all available medical directives ordered by the physician and available for use including Glucagon Injections and Nitroglycerin Spray. The specified residents do not have diagnoses of diabetes or angina.

The Assistant Director of Care (ADOC) confirmed that all residents have all possible medical directives ordered for them on admission and re-ordered every 3 months regardless of their individual diagnosis or needs. The ADOC confirmed that there is risk to residents having medical directives ordered when they are not appropriate for their condition and needs.

The Assistant Director of Care confirmed that medical directives should be ordered and used according to each resident's individual condition and needs. [s. 117. (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 no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs, to be implemented voluntarily.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,

(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).

(b) the resident's care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).

(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).



Findings/Faits saillants :

1. The licensee has failed to ensure that the resident is reassessed and the plan of care reviewed when the resident's care needs change or care set out in the plan is no longer necessary.

Review of a specified Resident plan of care revealed that the resident no longer requires a specific intervention.

On August 15, 2014 observation of the resident revealed the resident was using this intervention.

Interview with the Personal Support Worker revealed the resident now uses this intervention.

Interview with the Registered Practical Nurse confirmed the plan of care did not indicate the resident was using this intervention.

The Registered Practical Nurse confirmed the expectation that the resident's plan of care be reviewed and revised to indicate the resident's care needs change. [s. 6. (10) (b)]

WN #10: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

s. 229. (12) The licensee shall ensure that any pet living in the home or visiting as part of a pet visitation program has up-to-date immunizations. O. Reg. 79/10, s. 229 (12).

Findings/Faits saillants :



1. The licensee has failed to ensure that staff participate in the implementation of the infection prevention and control program.

Observation of a shared bathroom revealed one used unlabeled comb, one used unlabeled toothbrush, one used and unlabeled tube of toothpaste, one used disposable glove lying on floor and one used disposable glove on the back of the toilet tank. One unlabeled measuring cup to measure urine output was also observed on the back of the toilet tank.

The Registered Practical Nurse confirmed that staff are responsible for labeling all resident personal hygiene items.(524)

Observation of a shared bathroom revealed an unlabeled brush on the bathroom counter, an unlabeled measuring cup on the back of the toilet and an unlabeled urine collection hat stored on floor. A toilet brush was stored in a yogurt container on floor beside the toilet.

Interview with Assistant Director of Care confirmed the measuring cup and urine collection hat should not be stored in the resident bathroom and resident personal care equipment should be labeled and stored at the resident's bedside.(522) [s. 229. (4)]

2. The licensee has failed to ensure that all pets have up to date immunizations as evidenced by;

Review of the home's Program Plan/Pet Therapy Departmental Policy No: 101-23U July 2014 states; "Ensure the Home has up to date vaccination records of the animal."

Interview with the Campus Life Enrichment Director on August 19, 2014 at 1000 hours revealed that the home was unable to provide up to date immunization records for all pets.

The Campus Life Enrichment Director confirmed that it is the home's expectation that all pets have up to date immunizations. [s. 229. (12)]



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soins de longue durée**

Issued on this 5th day of September, 2014

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



**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*

**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) : NANCY JOHNSON (538), INA REYNOLDS (524), JULIE
LAMPMAN (522)

Inspection No. /

No de l'inspection : 2014_277538_0023

Log No. /

Registre no: L-000867-14

Type of Inspection /

Genre

d'inspection:

Resident Quality Inspection

Report Date(s) /

Date(s) du Rapport : Aug 27, 2014

Licensee /

Titulaire de permis :

RITZ LUTHERAN VILLA
R.R. #5, MITCHELL, ON, N0K-1N0

LTC Home /

Foyer de SLD :

MITCHELL NURSING HOME
184 NAPIER STREET, S.S. #1, MITCHELL, ON,
N0K-1N0

Name of Administrator /

Nom de l'administratrice

ou de l'administrateur : Jean Grasby

To RITZ LUTHERAN VILLA, you are hereby required to comply with the following
order(s) by the date(s) set out below:



**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**

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Aux termes de l'article 153 et/ou
de l'article 154 de la *Loi de 2007 sur les foyers
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section 154 of the *Long-Term Care
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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*

Order # /**Ordre no :** 001**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, s. 8. (1) (a) (b) Every licensee of a long-term care home shall ensure that there is,

(a) an organized program of nursing services for the home to meet the assessed needs of the residents; and

(b) an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

Order / Ordre :

The licensee must prepare, submit and implement a plan to ensure that there is an organized program of personal support services for the home to meet the assessed needs of the residents. 2007, c. 8, s. 8 (1).

The plan shall include:

1. A strategy for determining staffing mix to meet assessed needs of residents.
2. How continuity of care will be promoted.
3. A back up plan that addresses situations when staff cannot come to work.
4. A recruitment strategy.

The plan must contain time lines for completion of the actions required and who is accountable for the task.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing Ministry of Health and Long Term Care Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at nancy.johnson@ontario.ca by September 12, 2014.

Grounds / Motifs :

1. The licensee failed to ensure the organized program of personal support services meets the assessed needs of the residents.

During Stage 1 of the RQI 1/3 family members and 4/27 residents interviewed expressed concerns that the home is frequently short Personal Support Worker's (PSW's). on the weekends.

A review of the home's bath audit from August 1-19, 2014 revealed that residents are not receiving the required number of baths per week.

Review of the homes PSW staffing schedule from July 28 to August 19, 2014 revealed the following PSW shifts were unfilled:

July 31, 2014 20% 0700-1500 and 25% 1500-2300
August 2, 2014 40% 0700-1500 and 50% 2300-0700
August 3, 2014 40% 0700-1500
August 4, 2014 20% 0700-1500
August 5, 2014 25% 1500-2300
August 9, 2014 20% 0700-1500
August 11, 2014 20% 0700-1500 and 25% 1500-2300
August 13, 2014 20% 0700-1500 and 50% 1500-2300
August 14, 2014 50% 1500-2300
August 15, 2014 20% 0700-1500 and 25% 1500-2300
August 16, 2014 40% 0700-1500 and 50% 1500-2300
August 17, 2014 40% 0700-1500 and 50% 1500-2300
August 19, 2014 20% 0700-1500

This was confirmed by the Scheduling Clerk.

The Administrator and ADOC confirmed that the above staffing levels do not meet the needs of residents. The Administrator confirmed the home is currently trying to recruit PSW's. (522)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014

Order(s) of the InspectorPursuant 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**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. 33. (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of his or her choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition. O. Reg. 79/10, s. 33 (1).

Order / Ordre :

The licensee must ensure that each resident of the home is bathed, at a minimum twice a week.

Grounds / Motifs :

1. The licensee failed to ensure that each resident of the home is bathed, at a minimum twice a week.

Review of the home's bathing report from Point of Care revealed:
August 1-7, 2014 43% or 38/93 resident baths were not completed
August 8-14, 2014 17% or 16/93 resident baths were not completed
August 15-19, 2014 43% or 33/58 resident baths were not completed.

This was confirmed by the Assistant Director of Care (ADOC) and the Registered Practical Nurse.

The ADOC confirmed the expectation that all residents receive two baths per week. (522)

This order must be complied with by /**Vous devez vous conformer à cet ordre d'ici le :** Sep 11, 2014

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

Order # /**Ordre no :** 003**Order Type /****Genre d'ordre :** Compliance Orders, s. 153. (1) (b)**Pursuant to / Aux termes de :**

LTCHA, 2007 S.O. 2007, c.8, 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).

Order / Ordre :

The licensee must prepare, submit and implement a plan to ensure 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 to achieve compliance with Reg. 79/10, s. 8. (3).

The plan must include:

1. Recruitment strategies.
2. Strategies to ensure a Registered Nurse is on duty and present in the home.
3. The plan must contain time lines for completion of the actions required and who is accountable for the task.

Please submit the plan in writing to Nancy Johnson, Long Term Care Homes Inspector-Nursing Ministry of Health and Long Term Care Care, Performance and Compliance Branch, 130 Dufferin Avenue, 4th floor, London, Ontario, N6A 5R2, by email, at nancy.johnson@ontario.ca by September 12, 2014.

Grounds / Motifs :



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

Order(s) of the Inspector

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section 154 of the *Long-Term Care
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1. The licensee has failed to ensure that at least one registered nurse who is an employee of the licensee and a member of the regular nursing staff on duty and present at all times.

Review of the homes RN staffing schedule from July 28 to August 14, 2014 revealed the following shifts did not have a Registered Nurse on duty:

July 29, 2014 0700-1900 and 1900-0700

August 3, 2014 0700-1900

August 4, 2014 0700-1900

August 10, 2014 0700-1900

August 15, 2014 0700-1900

Interview with the Administrator and Assistant Director of Care (ADOC) confirmed there was no RN coverage other than the ADOC and On call Manager on the above dates.

The Administrator confirmed that it is the expectation of the home that a member of the regular registered nursing staff must be on duty and present at all times.
(522)

This order must be complied with by /

Vous devez vous conformer à cet ordre d'ici le : Oct 31, 2014



**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
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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 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.



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

Order(s) of the Inspector

Pursuant to section 153 and/or
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**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*

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 27th day of August, 2014

Signature of Inspector /

Signature de l'inspecteur :

Name of Inspector /

Nom de l'inspecteur : Nancy Johnson

Service Area Office /

Bureau régional de services : London Service Area Office