



**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**

**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 # / Registre no	Type of Inspection / Genre d'inspection
May 24, 2017	2016_188168_0021	029646-16	Complaint

Licensee/Titulaire de permis

REVERA LONG TERM CARE INC.
55 STANDISH COURT 8TH FLOOR MISSISSAUGA ON L5R 4B2

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

DOVER CLIFFS
501 St George Street P.O. BOX 430 Port Dover ON N0A 1N0

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

LISA VINK (168), LESLEY EDWARDS (506)

Inspection Summary/Résumé de l'inspection



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

This inspection was conducted on the following date(s): November 15, 16, 17, 18, 21, 22, 23 and 25, 2016.

This complaint inspection was conducted related to administration of drugs.

During the course of the inspection, the inspector(s) spoke with Executive Director (ED), Associate Director of Care/Resident Assessment Instrument Coordinator (ADOC/RAI), Staff Educator/Nursing Assistant, registered nurses (RN), registered practical nurses (RPN), the pharmacist, former Director of Care (DOC), Regional Manager of Clinical Services and agency staff.

During the course of the inspection the inspectors toured the home, observed the provision of care and services, reviewed relevant records including meeting minutes, policies and procedures and resident health records and conducted interviews.

The following Inspection Protocols were used during this inspection:

**Critical Incident Response
Hospitalization and Change in Condition
Medication
Reporting and Complaints
Sufficient Staffing
Training and Orientation**

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

**3 WN(s)
3 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)**

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

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

WN #1: The Licensee has failed to comply with 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 failed to ensure that there was at least one registered nurse (RN) who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times, except as provided for in the regulations.

Dover Cliffs is a long term care home with a licensed capacity of 70 beds.

The planned staffing pattern for registered nursing staff in the home, for the direct care of residents, is one RN 24 hours a day and a registered practical nurse (RPN) 16 hours a day, as identified on the Twenty-Four Hour Report to Administration.

Interview with the ED identified that the home does not currently have a sufficient number of RNs on staff to fill all of the required shifts in the staffing plan.

It was identified that the home consistently offers additional shifts to regular RNs to fill these vacant shifts; however, when the RNs employed by the home are unwilling or unable to work one or more of the unfilled shifts the home will fill the required shifts with RNs employed with an employment agency.

On request the home provided a list of shifts over a six month period of time in 2016, which were filled with agency RNs to ensure that a RN was on site 24 hours a day. This list identified that the home used an agency RN on approximately 80 occasions over the identified time period.

The home did not ensure that there was at least one RN who was an employee of the licensee and was member of the regular nursing staff on duty and present at all times, except as provided for in the regulations. [s. 8. (3)]

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 there is at least one registered nurse (RN) who is an employee of the licensee and is member of the regular nursing staff on duty and present at all times, except as provided for in the regulations, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 75. Screening measures



Specifically failed to comply with the following:

s. 75. (2) The screening measures shall include criminal reference checks, unless the person being screened is under 18 years of age. 2007, c. 8, s. 75. (2).

Findings/Faits saillants :

1. The licensee failed to ensure that screening measures that included a criminal reference check were conducted before a person worked at the home.

Ontario Regulation 79/10 section 215(1)(2) identifies that the section applies where a criminal reference check is required before a licensee hires a staff member, as set out in subsection 75(2) of the Act and that the criminal reference check must be conducted by a police force and conducted within six months before the staff member is hired by the licensee. Subsection 75(3) of the Act, identifies that a staff member who is agency staff is considered hired when he or she first works in the home.

The ED and Staff Educator/Nursing Assistant confirmed they were unable to provide verification that a criminal reference check had been completed before agency staff #200 and #201 performed their responsibilities in the home.

i. Agency RN #200 worked in the home for a period of time in 2016. The ED confirmed that they had not verified that a criminal reference check had been obtained from the agency that employed this staff nor had they requested the staff provide verification of a completed criminal reference check before they performed their responsibilities in the home.

ii. Agency RN #201 worked in the home in for a period of time in 2016. The ED confirmed that they had not verified that a criminal reference check had been obtained from the agency that employed this staff nor had they requested the staff provide verification of a completed criminal reference check before they performed their responsibilities in the home.

Ontario Regulation 79/10 section 234(1)3 identifies that the licensee is required to ensure that a record is maintained for each staff member of the home that includes the staff member's criminal reference check, as required under subsection 75(2) of the Act. [s. 75. (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 screening measures that include a criminal reference check are conducted before a person works at the home, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 234. Staff records Specifically failed to comply with the following:

s. 234. (1) Subject to subsections (2) and (3), every licensee of a long-term care home shall ensure that a record is kept for each staff member of the home that includes at least the following with respect to the staff member:

- 1. The staff member's qualifications, previous employment and other relevant experience. O. Reg. 79/10, s. 234 (1).**
- 2. Where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession. O. Reg. 79/10, s. 234 (1).**
- 3. Where applicable, the results of the staff member's criminal reference check under subsection 75 (2) of the Act. O. Reg. 79/10, s. 234 (1).**
- 4. Where applicable, the staff member's declarations under subsection 215 (4). O. Reg. 79/10, s. 234 (1).**

Findings/Faits saillants :

1. The licensee failed to ensure that a record was kept for each staff member of the home that included at least the following with respect to the staff member: where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession.

It was identified by the ED that the home had a staffing plan and a minimum staffing level that they would maintain to provide care and services to the residents. When the home



was unable to achieve this level, with staff employed by the home, they utilized the services of employment agencies, who held a contract with the home, to provide professional nursing services on request.

A. There was a contract between the home and an agency which identified that all staff provided would be in good standing with the College of Nurses (CNO) and that the company would endeavor to provide proof of insurance, WSIB (Workplace Safety and Insurance Board) and proof of registration/license upon request.

Agency RN #200 worked at the home and was responsible to provide direct care to residents for a period of time in 2016. The home had not requested proof of registration/license, from the agency or staff member nor had they verified the nurses standing with the CNO by other means such as the services of "Find a Nurse" as identified by the ED. The home did not maintain a record of the RN's verification of current registration with the CNO.

B. There was a contract between the home and a second agency which identified the agency assignment process. That the agency in the regular course of fulfilling their assignment would ensure staff members assigned to deliver services to the home had the following: a valid Certification of Competence with the College of Nurses of Ontario (registered staff only) and current agency identification upon request.

Agency RN #201 worked a number of shifts at the home, for a period of time in 2016 and 2017 and was responsible to provide direct care to residents. The home had not requested proof of registration/license from the agency or the staff member, nor had they verified the nurses standing with the CNO by other means such as the services of "Find a Nurse" as identified by the ED. The home did not maintain a record of the RN's verification of current registration with the CNO

Interview with the ED verified the past practice, when they utilized the services of the agencies to provide registered nursing staff, that they had not consistently requested proof of registration/license with the CNO nor checked the status for the specific registered nursing staff who worked in the home as placed by the employment agency, as it was assumed that the agency screened staff as outlined in their contacts. [s. 234. (1) 2.]



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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 record is kept for each staff member of the home that include at least the following with respect to the staff member: where applicable, a verification of the staff member's current certificate of registration with the College of the regulated health profession of which he or she is a member, or verification of the staff member's current registration with the regulatory body governing his or her profession, to be implemented voluntarily.

Issued on this 25th day of May, 2017

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

Original report signed by the inspector.