



**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
Jan 17, 2017	2016_260521_0047	031083-16	Resident Quality Inspection

Licensee/Titulaire de permis

PROVINCIAL NURSING HOME LIMITED PARTNERSHIP
1090 MORAND STREET WINDSOR ON N9G 1J6

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

ERRINRUNG NURSING HOME, DIVISION OF PROVINCIAL NURSING HOME
LIMITED PARTNERSHIP
67 Bruce Street P.O. Box 7069 THORNBURY ON N0H 2P0

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

REBECCA DEWITTE (521), DOROTHY GINTHER (568), SHARON PERRY (155)

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): November 17, 18 and 21, 2016.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the RAI Coordinator, the Recreation Manager, the Resident Care Coordinator, two Registered Practical Nurses, two Personal Support Workers and a Resident's Council Representative and a Family Council Representative.

During the course of the inspection the inspector(s) toured all resident home areas, observed provision of resident care, a medication pass, staff to resident interactions, infection prevention and control practices, reviewed resident clinical records, posting of required information and reviewed minutes pertaining to Residents' and Family Council meetings.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Family Council

Infection Prevention and Control

Medication

Minimizing of Restraining

Pain

Residents' Council

Sufficient Staffing

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

1 WN(s)

0 VPC(s)

0 CO(s)

0 DR(s)

0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES

Legend	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. (3) Every licensee of a long-term care home shall ensure that at least one registered nurse who is both an employee of the licensee and a member of the regular nursing staff of the home is on duty and present in the home at all times, except as provided for in the regulations. 2007, c. 8, s. 8 (3).

Findings/Faits saillants :

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

A record review of the Registered Staff Bi Weekly Payroll Schedule revealed 23% of the varied shifts were scheduled by an agency Registered Nurse (RN).

An interview with the Administrator # 101 and the Director of Care (DOC) #100 confirmed that two agency Registered Nurses were used on a regular basis for Registered Nurse coverage over the last two years and four years prior with another agency, a total of six years, to provide a consistent workforce and continuity of care to residents due to difficulty in recruitment and staff turnover. The interview further revealed the licensee had since offered two Registered Nurses part time positions.

The severity of this area of non-compliance was identified as a one, minimal risk. The scope was considered a three, widespread as the Registered Nurse provides care to all of the residents' and there were 23 percent of the shifts that were not filled by a Registered Nurse, that was an employee of the licensee and a member of the regular nursing staff. The compliance history was a two as the home had unrelated non-compliance in the last three years. [s. 8. (3)]



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Issued on this 17th day of January, 2017

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

Original report signed by the inspector.